

**REQUESTER
FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-0519
Expiration Date: 05/31/2020

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

REQUESTER NAME/AGENCY: _____
CONSULTANT(S)/PRESENTER(S): _____
NHTTAC TRAINING/TECHNICAL ASSISTANCE SPECIALIST: _____

1. Please select the type of training and technical assistance (T/TA) you requested:

- | | |
|---|---|
| <input type="checkbox"/> Needs assessment | <input type="checkbox"/> Review of materials (e.g., protocols, screening forms, etc.) |
| <input type="checkbox"/> Organization audit | <input type="checkbox"/> Remote training |
| <input type="checkbox"/> SOAR for communities | <input type="checkbox"/> Training of trainers |
| <input type="checkbox"/> In-person SOAR training | <input type="checkbox"/> SOAR training for HHS personnel |
| <input type="checkbox"/> In-person training | <input type="checkbox"/> Strategic partnerships for SOAR <i>Online</i> |
| <input type="checkbox"/> Peer-to-peer collaboration | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Coaching | |
| <input type="checkbox"/> Mentorship | |

Please indicate the extent to which you were satisfied or not satisfied with your overall experience working with NHTTAC:

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
2. The overall quality of the support you received from NHTTAC staff	1	2	3	4
3. Your overall experience with NHTTAC staff	1	2	3	4
4. Your interactions with NHTTAC staff	1	2	3	4
5. Your interactions with the consultants	1	2	3	4
6. The quality of support you received from NHTTAC staff during the needs assessment process	1	2	3	4
7. The quality of support you received from the consultants in implementing the T/TA	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your interactions with NHTTAC staff and the planning process:

PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree
8. NHTTAC was responsive to my questions and needs.	1	2	3	4

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.117 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

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9. NHTTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4
10. NHTTAC staff was detail oriented and thorough in the planning of this T/TA.	1	2	3	4
11. NHTTAC was timely throughout the planning process.	1	2	3	4
NEEDS ASSESSMENT	Strongly Disagree	Disagree	Agree	Strongly Agree
12. NHTTAC helped me determine the most important needs are for [me][my organization] to address human trafficking.	1	2	3	4
13. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
14. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
15. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
16. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
17. As a result of the needs assessment, [I][my organization] can....	1	2	3	4

18. What aspects of the NHTTAC planning process were most helpful, and why?

19. What aspects of the needs assessment were most helpful, and why?

Please indicate the extent to which you agree or disagree with the following statements about the consultants:

CONSULTANT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
21. The consultant responded to me in a timely manner.	1	2	3	4
22. The consultant was respectful.	1	2	3	4
23. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4
CONSULTANT 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
24. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
25. The consultant responded to me in a timely manner.	1	2	3	4
26. The consultant was respectful.	1	2	3	4
27. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4

28. Would you recommend [NHTTAC][SOAR] T/TA to others to receive T/TA? Yes No

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29. What suggestions do you have for improving NHTTAC's support of T/TA planning and/or delivery?

30. What additional needs do you or your organization have regarding this topic?

31. Which of the following **best** describes the organization in which you work? (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

32. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

33. Which of the following **best** describes your professional capacity or types of services you provide? (**Mark all that apply.**)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

34. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of being trafficked, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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35. Which of the following **best** describes the number of years of experience you have in your current field of work?

- Less than 3 years 3–5 years 6–10 years More than 10 years

36. Which of the following **best** describes your primary role in your current position?

- Direct delivery/Frontline staff Consultant/Trainer Administration
 Management Volunteer Peer Educator
 Other (please specify): _____

37. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National Local
 State (please specify): _____ Urban
 Tribal Rural
 International (please specify country): _____
_____ Suburban

38. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

- | | |
|---|---|
| <input type="checkbox"/> Human trafficking | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| └─ Commercial sexual exploitation of children | <input type="checkbox"/> People with low incomes |
| └─ Sex trafficking | <input type="checkbox"/> Racial and ethnic minorities |
| └─ Adults | └─ American Indian or Alaska Native |
| └─ Minors | └─ Asian |
| └─ Labor trafficking | └─ Black or African American |
| └─ Adults | └─ Native Hawaii or other Pacific Islander |
| └─ Minors | └─ White |
| <input type="checkbox"/> Children/youth | └─ Hispanic or Latino ethnicity |
| └─ Out of home/Foster care/Kinship care | <input type="checkbox"/> History of substance use |
| └─ Juvenile justice | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| └─ Runaway/Homeless youth | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Elderly | |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | |

39. Do you have any other comments or suggestions you would like to share about your [NHTTAC][SOAR] experience?

Thank you for taking the time to complete this form and helping to improve NHTTAC activities.