

**SOAR CONFERENCE  
TRAINING FEEDBACK**

*Form*



**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](mailto:NHTTACEval@icf.com).*

CONFERENCE: _____ TRAINING: _____ DATE(S): _____ PRESENTER(S): _____
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**PRE-TRAINING QUESTIONS:**

Please provide the information below to create an anonymous ID:

_____ Birth Month (insert just the month for your date of birth: 08 for August)	_____ First letter of first name (example: S for Sara)	_____ First letter of your middle name (example: M for Maria)
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[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

*Please rate your level of confidence in your ability to:*

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4

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10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	1	2	3	4
<b>OBSERVE Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
<b>ASK Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
<b>RESPOND Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. 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?

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



**POST-TRAINING QUESTIONS:**

Please provide the information below to create an anonymous ID:

_____	_____	_____
Birth Month (insert just the month for your date of birth: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)

[Note: Objectives selected for the post-training will mirror the objectives selected for the pre-training.]

*Please rate your level of confidence in your ability to:*

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4

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17. <Insert learning objective>	1	2	3	4
<b>RESPOND Objectives</b>	<b>Very Low</b>	<b>Low</b>	<b>High</b>	<b>Very High</b>
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. Are you applying for continuing education credits for completing this training?  Yes  No

If yes, provide your first and last name and email address:

---

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

<b>Presenter 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
25. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
26. The presenter delivered the content of the session effectively.	1	2	3	4
27. The presenter responded positively to questions and comments.	1	2	3	4
28. The presenter created a respectful environment for participants.	1	2	3	4
<b>Presenter 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
29. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
30. The presenter delivered the content of the session effectively.	1	2	3	4
31. The presenter responded positively to questions and comments.	1	2	3	4
32. The presenter created a respectful environment for participants.	1	2	3	4
<b>Conference Session Feedback</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
33. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
34. The training met my educational needs.	1	2	3	4

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35. The training met my professional needs.	1	2	3	4
36. The educational materials provided during this training were useful.	1	2	3	4
37. The activity provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.).	1	2	3	4
38. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
39. The training reflected a public health approach to addressing human trafficking.	1	2	3	4
40. I learned a great deal as a result of this training.	1	2	3	4
41. The training was survivor informed.	1	2	3	4
42. The training was trauma informed.	1	2	3	4
43. The training was based on current evidence-based research or promising practices.	1	2	3	4
44. The pace of this workshop was appropriate.	1	2	3	4
45. The workshop was a good way for me to learn the content.	1	2	3	4

46. Please rate the overall quality of this training.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

47. As a result of participating in this training, do you plan to do any of the following? **(Mark all that apply.)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Change my management/leadership or interpersonal communication style</li> <li><input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking</li> <li><input type="checkbox"/> Write grants/fundraise/identify new funding resources</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan</li> <li><input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization</li> <li><input type="checkbox"/> Improve programs/practices</li> <li><input type="checkbox"/> Improve technology/websites/infrastructure</li> <li><input type="checkbox"/> Integrate victim-centered, survivor-informed strategies</li> <li><input type="checkbox"/> Expand services or types of services</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Begin a new project or initiative</li> <li><input type="checkbox"/> Develop/strengthen collaborative or strategic relationships</li> <li><input type="checkbox"/> Network with other participants</li> <li><input type="checkbox"/> Share materials with colleagues</li> <li><input type="checkbox"/> Provide information to clients/families/youth</li> <li><input type="checkbox"/> Train/educate others in content/skills learned</li> <li><input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims</li> <li><input type="checkbox"/> Refer colleagues to NHTTAC events/resources</li> <li><input type="checkbox"/> Conduct research</li> <li><input type="checkbox"/> Strengthen evaluation or needs assessment activities</li> <li><input type="checkbox"/> Improve identification and reporting methods for trafficking</li> <li><input type="checkbox"/> Take additional training on human trafficking</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|---|

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48. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support                                 | <input type="checkbox"/> multidisciplinary team  |
| <input type="checkbox"/> Lack of frontline support and accountability                      | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover   | <input type="checkbox"/> Lack of information and/or data sharing among organizations                             |
| <input type="checkbox"/> Shortages of key personnel  | <input type="checkbox"/> Lack of time to implement changes   |
| <input type="checkbox"/> Competing priorities  | <input type="checkbox"/> Lack of training for staff in how to implement change                                   |
| <input type="checkbox"/> Inaccessible research and/or information                          | <input type="checkbox"/> Other (please explain): _____   |
| <input type="checkbox"/> Lack of urgency   |  |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration |  |
| <input type="checkbox"/> Difficulty in establishing and/or maintaining a                   |  |

49. Would you recommend SOAR training to others?  Yes  No

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

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

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

- Yes  No

52. 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"/> Professional capacity/types of services, continued   | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)       |   |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies)                         |   |





53. 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>

54. 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

55. 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): \_\_\_\_\_

56. 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

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Human trafficking                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Commercial sexual exploitation of children</li> <li><input type="checkbox"/> Sex trafficking                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Minors</li> </ul> </li> <li><input type="checkbox"/> Labor trafficking                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Adults</li> <li><input type="checkbox"/> Minors</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> Children/youth                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Out of home/Foster care/Kinship care</li> <li><input type="checkbox"/> Juvenile justice</li> <li><input type="checkbox"/> Runaway/Homeless youth</li> </ul> </li> <li><input type="checkbox"/> People with disabilities</li> <li><input type="checkbox"/> Deaf/Hearing impaired</li> <li><input type="checkbox"/> Elderly</li> <li><input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees)</li> <li><input type="checkbox"/> People with low incomes</li> <li><input type="checkbox"/> Racial and ethnic minorities                             <ul style="list-style-type: none"> <li><input type="checkbox"/> American Indian or Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> Native Hawaii or other Pacific Islander</li> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Hispanic or Latino ethnicity</li> </ul> </li> <li><input type="checkbox"/> History of substance use</li> <li><input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence)</li> <li><input type="checkbox"/> Gang-related crime</li> <li><input type="checkbox"/> Sexual abuse/Violence</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

58. Do you have any comments or suggestions for future SOAR-related trainings?

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

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