

**GENERAL CONFERENCE
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.

CONFERENCE TITLE: _____

DATE(S): _____

Please provide the information below to create an anonymous ID:

Birth Month
(insert just the month
for your *date of birth*,
example: 08 for August)

First letter of first name
(example: S for Sara)

First letter of your middle name
(example: M for Maria)

Please indicate how well the conference met each stated objective.

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

CONFERENCE FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6. The conference addressed the critical issues related to the topic(s).	1	2	3	4	NA
7. The conference was well organized and clear.	1	2	3	4	NA
8. The conference increased my knowledge related to the topic(s).	1	2	3	4	NA
9. The information presented in the conference was grounded in current evidence-based research or promising practices.	1	2	3	4	NA

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10. The information presented in the conference was trauma-informed.	1	2	3	4	NA
11. The information presented in the conference was survivor-informed.	1	2	3	4	NA
12. The information presented in the conference was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
13. The information provided in the conference reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
14. The conference improved my ability to serve people at risk of or being trafficked.	1	2	3	4	NA
15. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
16. I was satisfied with the overall conference facilities.	1	2	3	4	NA
17. The registration and logistics information were clear, helpful, and easily accessible.	1	2	3	4	NA
18. The format of the conference provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
19. The conference staff was professional, helpful, and informative.	1	2	3	4	NA
20. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
21. The education materials provided for this conference were useful.	1	2	3	4	NA
22. I will share the information I learned at the conference with my colleagues.	1	2	3	4	NA
23. The conference increased my practical skills related to the topic(s).	1	2	3	4	NA
24. The conference met my professional needs.	1	2	3	4	NA
25. The conference met my educational needs.	1	2	3	4	NA
26. I will be able to apply what I learned in my work.	1	2	3	4	NA

Please select the number that best represents your rating for this conference for each of the following questions.

27. Please rate the overall quality of this conference.

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

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28. How useful was the conference information to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

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

- Change my management/leadership or interpersonal communication style
- Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Write grants/fundraise/identify new funding resources
- Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan
- Advocate or meet with leadership of my organization to develop/enact policy changes at my organization
- Improve programs/practices
- Improve technology/websites/infrastructure
- Integrate victim-centered, survivor-informed strategies
- Expand services or types of services
- Begin a new project or initiative
- Develop/strengthen collaborative or strategic relationships
- Network with other participants
- Share materials with colleagues
- Provide information to clients/families/youth
- Train/educate others in content/skills learned
- Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
- Refer colleagues to NHTTAC events/resources
- Conduct research
- Strengthen evaluation or needs assessment activities
- Improve identification and reporting methods for trafficking
- Take additional training on human trafficking
- Other (please specify): _____

30. 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.)

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

31. Would you recommend NHTTAC to others for T/TA?

- Yes No



32. Please indicate any additional needs that you or your organization have that may be met with future TTA.

33. Which of the conference sessions were most useful and why?

34. What could be done differently to improve the conference?

35. Do you have any other comments or suggestions?

36. 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 | |

37. 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) | |

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

- Yes No

39. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

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

40. 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): _____

41. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of being trafficked, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

42. 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

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

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

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

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