

**LEARNING CIRCLE
FEEDBACK**



OMB Control Number: #####-####

Date of Expiration: ##/##/####

The Office for Victims of Crime Tribal Financial Management Center (OVC TFMC) relies on your feedback to better serve you and the tribal victim services field. 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. If you have any questions about this evaluation, please contact evaluation@ovctfmc.org

LEARNING CIRCLE: _____	DATE: _____
FACILITATOR(S): _____	
TFMC COORDINATOR: _____	

Please indicate the extent to which you agree or disagree with each statement.

OUTCOMES	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this learning circle, I had the opportunity to network with other grantees.	1	2	3	4
2. As a result of this learning circle, I learned something new about financial management.	1	2	3	4
3. As a result of this learning circle, [insert specific outcome related to objective].	1	2	3	4
4. As a result of this learning circle, [insert specific outcome related to objective].	1	2	3	4
5. As a result of this learning circle, [insert specific outcome related to objective].	1	2	3	4
6. As a result of this learning circle, [insert specific outcome related to objective].	1	2	3	4

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
7. The facilitator’s expertise was appropriate for this forum.	1	2	3	4
8. The facilitator demonstrated cultural humility.	1	2	3	4
9. The facilitator demonstrated knowledge of tribal communities.	1	2	3	4
10. The facilitator engaged and interacted with the audience.	1	2	3	4
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
11. The facilitator’s expertise was appropriate for this forum.	1	2	3	4
12. The facilitator demonstrated cultural humility.	1	2	3	4
13. The facilitator demonstrated knowledge of tribal communities.	1	2	3	4
14. The facilitator engaged and interacted with the audience.	1	2	3	4
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
15. The time allotted was appropriate for discussion.	1	2	3	4
16. The technology provided a good learning environment.	1	2	3	4
17. The content of the learning circle aligned with the needs of grantees.	1	2	3	4

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 2 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the TFMC Evaluation Team at evaluation@ovctfmc.org or 9300 Lee Highway, Fairfax, VA 22031.

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22. Please rate the overall quality of the learning circle.

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

23. How useful was the discussion during the learning circle to your role within your organization?

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

24. Would you recommend TFMC to others for training or technical assistance? Yes No

25. What is your organization's geographical service area?

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Frontier |
| <input type="checkbox"/> Suburban | |

26. What is your role in your organization?

- Program
- Finance
- Grants/contracts
- Tribal leader
- Other (please specify): _____

27. How did you hear about TFMC?

- Department of Justice - Office for Victims of Crime
- Fellow grant recipient
- Colleague
- Outreach from TFMC (informational materials, calls, emails)
- Contact in my field
- Tribal organization (NCAI, TLPI, other)
- TFMC website
- Other (please specify): _____

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

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