

In order to help OVC TTAC 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. Only members of the Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants/users, consultants/presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Although this survey is completely voluntary, please note that completing this form is a requirement for receiving CEU credit. If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

If you would be willing to participate in a **brief** followup survey in 3 months, please provide your e-mail: \_\_\_\_\_

Which modules did you complete?

Module	Yes	No
1. Module X: Title	1	0
2. Module X: Title	1	0
3. Module X: Title	1	0
4. Module X: Title	1	0

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

Module [X]: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. As a result of this module, I can...	1	2	3	4	5	NA
6. As a result of this module, I can...	1	2	3	4	5	NA
7. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
Module [X]: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
8. As a result of this module, I can...	1	2	3	4	5	NA
9. As a result of this module, I can...	1	2	3	4	5	NA
10. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA

11. Did the instructor provide feedback on the mastery of the learning objectives to participants?  Yes  No

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

<b>PRESENTER/FACILITATOR 1:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
12. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
13. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
14. The presenter responded well to questions and comments.	1	2	3	4	5	NA
15. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
<b>PRESENTER/FACILITATOR 2:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
16. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
17. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
18. The presenter responded well to questions and comments.	1	2	3	4	5	NA
19. The presenter created a respectful environment for participants.	1	2	3	4	5	NA

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 15 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at [TTACEval@icfi.com](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.

OVERALL SESSION	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
20. The training clearly addressed the learning objectives	1	2	3	4	5	NA
21. The training addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
22. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
23. The training was well organized and clear.	1	2	3	4	5	NA
24. The material was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
25. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
26. The assignments and/or coursework enhanced my learning.	1	2	3	4	5	NA
27. The training increased my knowledge related to the topic(s).	1	2	3	4	5	NA
28. The training increased my practical skills related to the topic(s).	1	2	3	4	5	NA
29. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
30. The training improved my ability to serve victims.	1	2	3	4	5	NA
31. The training improved my ability to reach underserved victims.	1	2	3	4	5	NA
32. The training provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
33. The interactive features and/or activities enhanced my experience.						
34. The technology was easy to us.						
35. The session met my goals.	1	2	3	4	5	NA
36. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

37. Why did you take this training? (Mark all that apply.)

- Course requirement
- Job requirement
- Certification
- Personal learning/Professional development
- Other (please specify): \_\_\_\_\_

38. Do you plan to do any of the following as a result of participating in this training? (Mark all that apply.)

- Share material with colleagues
- Refer colleagues to other OVC TTAC events/resources
- Train/educate others in content/skills learned
- Enact policy changes at my organization
- Begin a new project or initiative
- Change my management, leadership, or interpersonal communication style
- Pursue additional professional development
- Develop/strengthen use of technology or infrastructure
- Develop/strengthen collaborative or strategic relationships
- Expand services to new victim populations
- Expand types of services offered to victims
- Expand capacity/frequency of services to victims
- Strengthen evaluation or needs assessment activities
- Network with other participants
- Identify/pursue new funding resources
- Implement/change financial procedures
- Modify outreach/marketing activities
- Develop/enhance vision, mission, or strategic plan
- Other(s): \_\_\_\_\_

Please explain in detail any of these activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

39. Would you recommend OVC TTAC to others?  Yes  No

40. What aspects of the training were most helpful and why?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

41. What could be done differently to improve the training?

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42. Do you have any other comments or suggestions?

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

- |                                                     |                                                        |                                                  |
|-----------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Military                |
| <input type="checkbox"/> Criminal Justice Agency    | <input type="checkbox"/> Human/Social Services         | <input type="checkbox"/> Research                |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Faith-Based                | <input type="checkbox"/> Legislation/Polycymaking      | _____                                            |

44. Which types of victim services do **you** provide for crime victims in your current position? **(Mark all that apply.)**

- |                                                           |                                                  |                                                  |
|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Notification            |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Advocacy/Assistance     | <input type="checkbox"/> Transportation          |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> Housing/Shelter         | <input type="checkbox"/> 24-Hour Hotline         |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Information/Referral    | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention              | <input type="checkbox"/> Medical/SANE/SART       | _____                                            |

45. 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

46. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- |                                                           |                                             |                                                  |
|-----------------------------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Management/Administrative Staff  | <input type="checkbox"/> Volunteer          | _____                                            |

47. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- |                                                       |                                                                    |
|-------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> National                     | <input type="checkbox"/> Local                                     |
| <input type="checkbox"/> State                        | <input type="checkbox"/> Urban                                     |
| <input type="checkbox"/> Tribal                       | <input type="checkbox"/> Rural                                     |
| <input type="checkbox"/> International, list country: | <input type="checkbox"/> Suburban                                  |
| _____                                                 | <input type="checkbox"/> Culturally specific populations(s): _____ |

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