## PARTICIPANT FOLLO

OMB#: 1121-XXXX
Date of Expiration: XXXX



Approximately 3 months ago, you attended the OVC TTAC session listed below. 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. Your participation is in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.

	EVENT:	DATE(S					
Pi	lease indicate the extent to which you agree or disagree with the f	ollowing stat	tements.				
OVERALL SESSION		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applical
1.	The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
2.	The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
3.	Γhe session improved my ability to serve victims.	1	2	3	4	5	NA
4.	The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
5.	The session improved my ability to collaborate with others.	1	2	3	4	5	NA
	have found the provided materials to be useful in my work.	1	2	3	4	5	NA
	have been able to apply what I learned in my work.	1	2	3	4	5	NA
9.	Have you done any of the following as a result of participating i ☐ Share material with colleagues	ve you done any of the following as a result of participating in this OVC TTAC session? <b>(Mark all that apply.)</b> Share material with colleagues     Expand services to <i>new victim populations</i>					
	☐ Refer colleagues to other OVC TTAC events/resources			ervices offer			
	☐ Train/educate others in content/skills learned	-	• •	requency of			5
	☐ Enact policy changes at my organization			tion or needs			
	☐ Begin a new project or initiative	□ Netwo	rk with othe	er participan	ts		
	$\square$ Change my management, leadership, or			w funding re			
	interpersonal communication style			e financial pr		S	
	☐ Pursue additional professional development			narketing ac			
	☐ Develop/strengthen use of technology or infrastructure		-	vision, missi			an
	<ul><li>□ Develop/strengthen collaborative or strategic relationships</li><li>□ Other(s):</li></ul>	Create	a new milli	ary-civilian	parmers	mp	
	Please explain in detail any of these activities:						
10	D. Looking back, what aspects of the session were most helpful to	you and why	?				

OMB#: 1121-XXXX
Date of Expiration: XXXX



11.	What could have been done differently to make the session more useful to you now?
12.	Do you have any other comments or suggestions?

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