

CUSTOMIZED TA
Participant Feedback



OMB#: 1121-XXXX
Date of Expiration: XXXX

In order to help OVC TTAC better serve the field, we would like 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. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icf.com.

EVENT: _____ SESSION: _____
 LOCATION: _____ DATE(S): _____
 PRESENTER(S): _____
 LEARNING OBJECTIVES: *SEE LAST PAGE*

Email: _____

Please rate your level of confidence in your ability to:

CONFIDENCE CAPACITY-BUILDING MEASURE:	Very Low	Low	Moderate	High	Very High	Not Applicable
1. [insert capacity-building objective].	1	2	3	4	5	NA
2. [insert capacity-building objective].	1	2	3	4	5	NA
3. [insert capacity-building objective].	1	2	3	4	5	NA
4. [insert capacity-building objective].	1	2	3	4	5	NA
5. [insert capacity-building objective].	1	2	3	4	5	NA
6. [insert capacity-building objective].	1	2	3	4	5	NA
7. [insert capacity-building objective].	1	2	3	4	5	NA

KNOWLEDGE CAPACITY-BUILDING MEASURE:	Very Low	Low	Moderate	High	Very High	Not Applicable
8. [insert capacity-building objective].	1	2	3	4	5	NA
9. [insert capacity-building objective].	1	2	3	4	5	NA
10. [insert capacity-building objective].	1	2	3	4	5	NA
11. [insert capacity-building objective].	1	2	3	4	5	NA
12. [insert capacity-building objective].	1	2	3	4	5	NA
13. [insert capacity-building objective].	1	2	3	4	5	NA
14. [insert capacity-building objective].	1	2	3	4	5	NA

SKILLS CAPACITY-BUILDING MEASURE:	Very Low	Low	Moderate	High	Very High	Not Applicable
15. [insert capacity-building objective].	1	2	3	4	5	NA
16. [insert capacity-building objective].	1	2	3	4	5	NA
17. [insert capacity-building objective].	1	2	3	4	5	NA
18. [insert capacity-building objective].	1	2	3	4	5	NA
19. [insert capacity-building objective].	1	2	3	4	5	NA
20. [insert capacity-building objective].	1	2	3	4	5	NA
21. [insert capacity-building objective].	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 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at TTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

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

PRESENTER/FACILITATOR 1: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
22. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
23. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
24. The presenter responded well to questions and comments.	1	2	3	4	5	NA
25. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
PRESENTER/FACILITATOR 2: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
26. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
27. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
28. The presenter responded well to questions and comments.	1	2	3	4	5	NA
29. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
OVERALL SESSION	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
30. The session clearly addressed the learning objectives. (See last page for learning objectives.)	1	2	3	4	5	NA
31. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
32. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
33. The session was well organized and clear.	1	2	3	4	5	NA
34. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
35. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
36. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
37. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
38. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
39. The session improved my ability to serve victims.	1	2	3	4	5	NA
40. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
41. The session provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
42. The interactive features and or activities (e.g. <i>example of interactive feature used in specific TTA inserted</i>) enhanced my experience.	1	2	3	4	5	NA
43. The small group activity enhanced my experience.	1	2	3	4	5	NA
44. The session met my professional needs.	1	2	3	4	5	NA
45. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

Following the training, what three steps will you take to better serve victims of crime following this [TTA]?

- a. _____
- b. _____
- c. _____

As a result of participating in this session, please rate your level of confidence in your likelihood to do any of the following:

	Very Low	Low	Moderate	High	Very High	Not Applicable
46. Share material with colleagues	1	2	3	4	5	NA
47. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
48. Train/educate others in content/skills learned	1	2	3	4	5	NA
49. Pursue additional professional development	1	2	3	4	5	NA
50. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA

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51. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
52. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
53. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
54. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
55. Enact policy changes at my organization	1	2	3	4	5	NA
56. Begin a new project or initiative	1	2	3	4	5	NA
57. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
58. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
59. Network with other participants	1	2	3	4	5	NA
60. Identify/pursue new funding resources	1	2	3	4	5	NA
61. Implement/change financial procedures	1	2	3	4	5	NA
62. Modify outreach/marketing activities	1	2	3	4	5	NA
63. Develop/enhance vision, mission, or strategic plan	1	2	3	4	5	NA

Please specify any other actions you plan to take as a result of this session that are not listed in the table above.

64. Please explain in detail any ways this session improved your organization's capacity to better serve victims of crime:

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

65. What aspects of the session were most helpful and why?

66. What could be done differently to improve the session?

67. Do you have any other comments or suggestions?

68. Following this session, what additional resource or trainings could OVC TTAC provide to support you and your organization?

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

69. How often have you engaged with OVC TTAC in the last 12 months? (Mark one.)

- 1–3 times 7–9 times
 4–6 times 10+ times

70. Which of the following best describes your gender identity? (Mark one.)

- Male Transgender Female Two-Spirit
 Female Genderqueer/NonConforming/
 Transgender Male Non-Binary Not Listed (option to specify):

71. Which of the following best describes your race/ethnicity? (Mark all that apply.)

- American Indian or Alaska Native Native Hawaiian or Pacific Islander Not Listed (option to specify):
 Asian
 Black/African American White Non-Latino or Caucasian
 Hispanic/Latino

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

- Community-Based/Grassroots Health/Mental Health Services Military
 Criminal Justice Agency Human/Social Services Research
 Education Legal Services Other (please specify):
 Faith-Based Legislation/Policymaking

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

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

74. 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

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

- Direct Delivery/Front Line Staff Consultant/Trainer Other (please specify):
 Management/Administrative Staff Volunteer

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

- National Local
 State Urban
 Tribal Rural
 International, list country: _____ Suburban
 Culturally specific population(s): _____

Please use the learning objectives listed below to answer question #9.

LEARNING OBJECTIVES: