## MATERIALS User 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. If you have any questions about this survey or the evaluation, please contact <u>TTACEval@icf.com</u>. Please complete this survey after you have used the materials.

	MATERIALS: <u>pre-printed information</u> DATE DOWNLOADED/RECEIVED: <u>pre-print</u>	ed information				
1.	Which of the following <b>best</b> describes the reason you obtained these materials? ( <b>Mark one.</b> )					
	<ul> <li>□ Personal use/assist a family member/friend</li> <li>□ For use in undergraduate coursework</li> <li>□ For use in graduate coursework</li> <li>□ To train colleagues/faculty/victim service providers</li> </ul>		<ul> <li>□ To provide services to victims/perpetrators of crime</li> <li>□ For use in program development/operations</li> <li>□ Other (please specify):</li> </ul>			
2.	Was this resource used as part of a larger	training/course?	$\square$ Yes	□No		
3.						
	☐ I have not used it yet☐ 1 time	$\Box$ 2–3 times $\Box$ 4–6 times		□ 7+ times		
4.	If you used these materials to train/teach others, how many people participated in the training/class?					

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

COMPONENT 1:		Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
6. I am satisfied with the content of these materials.	1	2	3	4	5	NA
7. I am satisfied with the format of these materials	1	2	3	4	5	NA
8. The materials were well organized and clear.	1	2	3	4	5	NA
9. The terminology included in the materials was used correctly.	1	2	3	4	5	NA
10. The materials increased my knowledge related to the topic(s).	1	2	3	4	5	NA
11. The materials were appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
12. The materials were useful and relevant.	1	2	3	4	5	NA
13. The materials met my professional needs.	1	2	3	4	5	NA
14. I am satisfied with the overall quality of the materials.	1	2	3	4	5	NA
COMPONENT 2:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
			Disagree			
15. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
<ul><li>15. The materials addressed the critical issues related to the topic(s).</li><li>16. I am satisfied with the content of these materials.</li></ul>	1	2 2		4 4		NA NA
• , ,	-		3	-	5	
16. I am satisfied with the content of these materials.	1	2	3	4	5 5	NA
<ul><li>16. I am satisfied with the content of these materials.</li><li>17. I am satisfied with the format of these materials</li></ul>	1	2 2	3 3 3	4	5 5 5	NA NA
<ul><li>16. I am satisfied with the content of these materials.</li><li>17. I am satisfied with the format of these materials</li><li>18. The materials were well organized and clear.</li></ul>	1	2 2 2 2	3 3 3 3	4 4 4	5 5 5 5	NA NA NA
<ul> <li>16. I am satisfied with the content of these materials.</li> <li>17. I am satisfied with the format of these materials</li> <li>18. The materials were well organized and clear.</li> <li>19. The terminology included in the materials was used correctly.</li> </ul>	1 1 1 1	2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5 5	NA NA NA NA
<ul> <li>16. I am satisfied with the content of these materials.</li> <li>17. I am satisfied with the format of these materials.</li> <li>18. The materials were well organized and clear.</li> <li>19. The terminology included in the materials was used correctly.</li> <li>20. The materials increased my knowledge related to the topic(s).</li> <li>21. The materials were appropriate for my level of experience and</li> </ul>	1 1 1 1 1	2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4	5 5 5 5 5 5	NA NA NA NA
<ul> <li>16. I am satisfied with the content of these materials.</li> <li>17. I am satisfied with the format of these materials</li> <li>18. The materials were well organized and clear.</li> <li>19. The terminology included in the materials was used correctly.</li> <li>20. The materials increased my knowledge related to the topic(s).</li> <li>21. The materials were appropriate for my level of experience and knowledge.</li> </ul>	1 1 1 1 1 1	2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4 4	5 5 5 5 5 5 5	NA NA NA NA NA

## As a result of using this material, please rate your level of confidence in your likelihood to do any of the following:



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	Very Low	Low	Moderate	High	Very High	Not Applicable
25. Share material with colleagues	1	2	3	4	5	NA
26. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
27. Train/educate others in content/skills learned	1	2	3	4	5	NA
28. Pursue additional professional development	1	2	3	4	5	NA
29. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
30. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
31. Expand services to new victim populations	1	2	3	4	5	NA
32. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
33. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
34. Enact policy changes at my organization	1	2	3	4	5	NA
35. Begin a new project or initiative	1	2	3	4	5	NA
36. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
37. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
38. Network with other participants	1	2	3	4	5	NA
39. Identify/pursue new funding resources	1	2	3	4	5	NA
40. Implement/change financial procedures	1	2	3	4	5	NA
41. Modify outreach/marketing activities	1	2	3	4	5	NA
42. 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.

provide a description below. If they are not hosted online, please email us a copy at TTAC@ovcttac.org.



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<del>50</del> .	How often have you engaged with OVC TTAC in the last 12 months? (Mark one.)					
	☐ 1–3 times ☐ 4–6 times	<ul><li>☐ 7–9 times</li><li>☐ 10+ times</li></ul>				
51.	Which of the following <b>best</b> describes your gender identity? (Mark one.)					
	<ul><li>□ Male</li><li>□ Female</li><li>□ Transgender Male</li></ul>	<ul><li>□ Transgender Female</li><li>□ Genderqueer/NonConforming/ Non-Binary</li></ul>	☐ Two-Spirit ☐ Not Listed (option to specify):			
52.	Which of the following best describes your race/ethnicity? (Mark all that apply.)					
	<ul> <li>□ American Indian or Alaska Native</li> <li>□ Asian</li> <li>□ Black/African American</li> <li>□ Hispanic/Latino</li> </ul>	<ul><li>Native Hawaiian or Pacific Islander</li><li>White Non-Latino or Caucasian</li></ul>	□ Not Listed (option to specify):			
53.	Which of the following <b>best</b> describes the organization in which you work? (Mark all that apply.)					
	<ul> <li>□ Community-Based/Grassroots</li> <li>□ Criminal Justice Agency</li> <li>□ Education</li> <li>□ Faith-Based</li> </ul>	<ul> <li>☐ Health/Mental Health Services</li> <li>☐ Human/Social Services</li> <li>☐ Legal Services</li> <li>☐ Legislation/Policymaking</li> </ul>	<ul><li>☐ Military</li><li>☐ Research</li><li>☐ Other (please specify):</li></ul>			
	53. Which types of victim services do <i>you</i> provide for crime victims in your current position? ( <b>Mark all that apply.</b> )					
	<ul> <li>☐ I do not provide direct services</li> <li>☐ Child Care</li> <li>☐ Compensation/Restitution</li> <li>☐ Counseling</li> <li>☐ Crisis Intervention</li> </ul>	<ul> <li>□ Criminal Justice System         Advocacy/Assistance</li> <li>□ Housing/Shelter</li> <li>□ Information/Referral</li> <li>□ Medical/SANE/SART</li> </ul>	<ul> <li>□ Notification</li> <li>□ Transportation</li> <li>□ 24-Hour Hotline</li> <li>□ Other (please specify):</li> </ul>			
54.	Which of the following <b>best</b> describes the number of years of experience you have in your current field of work? ( <b>Mark one</b>					
	☐ Less than 3 years ☐ 3 to 5 y	ears □ 6 to 10 years	☐ More than 10 years			
55.	Which of the following best describes your primary role in your current position? (Mark all that apply.)					
	<ul><li>□ Direct Delivery/Front Line Staff</li><li>□ Management/Administrative Staff</li></ul>	<ul><li>□ Consultant/Trainer</li><li>□ Volunteer</li></ul>	☐ Other (please specify):			
56.	Which of the following best describes the population you serve? (Mark all that apply.)					
	<ul> <li>□ National</li> <li>□ State</li> <li>□ Tribal</li> <li>□ International, list country:</li> </ul>	□ Local □ Urban □ Rural □ Suburban				
57.	Please provide your city and state (i.e., loc	 cation of organization or professional ad	ldress).			

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Thank you for taking the time to complete this form and helping to improve OVC TTAC activities. If you would be willing to help promote these curriculum materials, please provide your email: