

Unique ID Number/Name: _____

*In order to help OVC TTAC better serve the field, we would like to assess your knowledge **after** the training so that we can determine what information was learned through participating. 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. Answers to these questions will be reported after aggregating all responses. 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@icf.com.*

1. Did you accomplish any of the following through the training? **(Mark all that apply.)**
 - Learn about model/innovative/evidence-based services or programs
 - Acquire knowledge and/or skills to improve my ability to meet the needs of victims
 - Interact, network, and collaborate with others in the victim services field
 - Acquire information that will help in my professional development
 - Complete academic/continuing education credit requirements
 - Other(s): _____

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

*Please read the questions below and select the **best** answer (multiple answers may be correct, but only one is the best answer). Please use only your own knowledge to answer the questions and do not look up answers in other resources. Your responses help us to understand how attendees' knowledge changes after participating in the training.*

HISTORY OF THE CRIME VICTIMS' MOVEMENT IN THE UNITED STATES	
3. Question 1.	A. Option 1 B. Option 2 C. Option 3 D. Option 4
VICTIMS' RIGHTS LAWS IN THE UNITED STATES	
4. Question 2.	A. Option 1 B. Option 2 C. Option 3 D. Option 4

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

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.