

SPEAKER SUPPORT
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. Answers to these questions will be reported after aggregating all responses. 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: <u>SEE LAST PAGE</u>	

Email: _____

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
1. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
2. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
3. The presenter responded well to questions and comments.	1	2	3	4	5	NA
4. 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
5. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
6. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
7. The presenter responded well to questions and comments.	1	2	3	4	5	NA
8. 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
9. The session clearly addressed the learning objectives. (See last page for learning objectives.)	1	2	3	4	5	NA
10. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
11. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
12. The session was well organized and clear.	1	2	3	4	5	NA
13. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
14. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
15. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
16. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
17. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
18. The session improved my ability to serve victims.	1	2	3	4	5	NA
19. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
20. The session provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
21. The session met my professional needs.	1	2	3	4	5	NA
22. I am satisfied with the overall quality of the session.	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 5 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.

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

24. Do you have any other comments or suggestions?

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

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

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 1–3 times | <input type="checkbox"/> 7–9 times |
| <input type="checkbox"/> 4–6 times | <input type="checkbox"/> 10+ times |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Female | <input type="checkbox"/> Genderqueer/NonConforming/
Non-Binary | <input type="checkbox"/> Not Listed (option to specify): |
| <input type="checkbox"/> Transgender Male | | _____ |

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

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or
Pacific Islander | <input type="checkbox"/> Not Listed (option to specify): |
| <input type="checkbox"/> Asian | | _____ |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White Non-Latino or
Caucasian | |
| <input type="checkbox"/> Hispanic/Latino | | |

29. 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/Policymaking | _____ |

30. 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
Advocacy/Assistance | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Compensation/Restitution | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> 24-Hour Hotline |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Medical/SANE/SART | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Crisis Intervention | | _____ |

31. Which of the following best describes the number of years of experience you have in your current field of work? (Mark one.)

- | | | | |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> More than 10 years |
|--|---------------------------------------|--|---|

32. 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 | _____ |

33. 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 |

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

34. Please provide your city and state (i.e., location of organization or professional address).

35. Please list any marginalized or underserved populations you serve.

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

LEARNING OBJECTIVES: