

Unique ID Number: _____

*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. 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.*

EVENT: _____ SESSION: _____
 LOCATION: _____ DATE(S): _____
 PRESENTER(S): _____

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 15 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.

Module [X]: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
22. As a result of this module, I can...	1	2	3	4	5	NA
23. As a result of this module, I can...	1	2	3	4	5	NA
24. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA
Module [X]: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
25. As a result of this module, I can...	1	2	3	4	5	NA
26. As a result of this module, I can...	1	2	3	4	5	NA
27. The learning objectives for this module were clearly stated.	1	2	3	4	5	NA

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
28. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
29. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
30. The presenter responded well to questions and comments.	1	2	3	4	5	NA
31. 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
32. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
33. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
34. The presenter responded well to questions and comments.	1	2	3	4	5	NA
35. 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
36. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
37. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
38. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
39. The session was well organized and clear.	1	2	3	4	5	NA
40. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
41. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
42. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
43. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
44. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
45. The session improved my ability to serve victims.	1	2	3	4	5	NA
46. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
47. The session provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
48. The small group activities enhanced my experience.	1	2	3	4	5	NA
49. The session met my professional needs.	1	2	3	4	5	NA
50. 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?

- 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
51. Share material with colleagues	1	2	3	4	5	NA
52. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
53. Train/educate others in content/skills learned	1	2	3	4	5	NA
54. Pursue additional professional development	1	2	3	4	5	NA
55. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
56. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
57. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
58. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
59. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
60. Enact policy changes at my organization	1	2	3	4	5	NA
61. Begin a new project or initiative	1	2	3	4	5	NA
62. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
63. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
64. Network with other participants	1	2	3	4	5	NA
65. Identify/pursue new funding resources	1	2	3	4	5	NA
66. Implement/change financial procedures	1	2	3	4	5	NA
67. Modify outreach/marketing activities	1	2	3	4	5	NA
68. 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.

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

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

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

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

73. Do you have any other comments or suggestions?

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

75. 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 |

76. 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 | | |

77. 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"/> White Non-Latino or
Caucasian | |
| <input type="checkbox"/> Black/African American | | |
| <input type="checkbox"/> Hispanic/Latino | | |

78. 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 | |

79. 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 | | |

80. 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 |
|--|---------------------------------------|--|---|

81. 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 | |

82. 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 |

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

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

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