

**FUTURE TRAINING AND
TECHNICAL ASSISTANCE NEEDS**



OMB#: **1121-XXXX**
Date of Expiration: **XXXX**

Thank you for attending the training/technical assistance session supported by OVC TTAC. In order to help OVC TTAC better serve the field, we would like to obtain your feedback.

EVENT: <u>pre-printed information</u>	SESSION: <u>pre-printed information</u>
LOCATION: <u>pre-printed information</u>	DATE(S): <u>pre-printed information</u>
PRESENTER(S): <u>pre-printed information</u>	

1. OVC TTAC offers the following types of training and technical assistance (TTA). Please check any areas in which you would be interested in receiving additional assistance. **(Mark all that apply.)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Building Resiliency | <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Program Evaluation |
| <input type="checkbox"/> Children Living With Grief and Trauma | <input type="checkbox"/> Leadership | <input type="checkbox"/> Provider Effectiveness |
| <input type="checkbox"/> Compassion Fatigue/Vicarious Trauma | <input type="checkbox"/> LGBTQ Victims | <input type="checkbox"/> Sexual Assault Advocate/
Counselor Training |
| <input type="checkbox"/> Conference Support | <input type="checkbox"/> Military-Civilian
Community Partnerships | <input type="checkbox"/> Sexual Assault Case DNA |
| <input type="checkbox"/> Crime Victims With Disabilities | <input type="checkbox"/> National Victim
Assistance Academy | <input type="checkbox"/> Strategic Planning for Leaders |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Survivors of Homicide |
| <input type="checkbox"/> Curriculum Design | <input type="checkbox"/> Organizational Scholarships | <input type="checkbox"/> Training or Materials for
Instructors/Trainers |
| <input type="checkbox"/> Customized TA | <input type="checkbox"/> Professional Development
Scholarships | <input type="checkbox"/> Victim Assistance Training |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> <TBD> | <input type="checkbox"/> Victims With Disabilities |
| <input type="checkbox"/> Enforcing Victims' Rights | <input type="checkbox"/> <TBD> | <input type="checkbox"/> <TBD> |
| <input type="checkbox"/> Grant Writing/Funding | <input type="checkbox"/> <TBD> | <input type="checkbox"/> <TBD> |
| <input type="checkbox"/> <TBD> | | |
| <input type="checkbox"/> <TBD> | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

2. Would you like someone to followup with you regarding this need or any other type of assistance? Yes No
3. Would you like to join the OVC TTAC listserv? Yes No
4. If you would like to be contacted regarding an additional TTA need **OR** would like to join the OVC TTAC listserv, please provide your contact information here. (You may also join the listserv yourself at www.ovcttac.gov/MailingList.)

Full name (please print): _____

Email address (necessary for listserv): _____

Phone number (if prefer to be contacted by phone): _____

5. What additional training events or topical areas would you like to see offered by OVC TTAC?
- _____
- _____
- _____

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 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.