

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/ASSISTANCE: _____ SESSION: _____
 LOCATION: _____ DATE(S): _____
 PRESENTER(S): _____
 LEARNING OBJECTIVES: _____

Before we begin, please provide your email address.

Email addresses enable us to track your participation across OVC TTAC offerings and your preferences/insights provided. You will be prompted to provide this same email address each time. If you do not have an email address or prefer to use an anonymous identifier, create a username to be used and retained for future OVC TTAC evaluations.

Username example: provide your two-digit birth month, first initial, middle initial (e.g., 08JD)

Email or Username:: _____

Please rate your level of confidence in your ability to:

	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

As a result of [technical assistance], please rate your skill level in the following areas:

	Very Low	Low	Moderate	High	Very High	Not Applicable
8. [insert technical assistance objective].	1	2	3	4	5	NA
9. [insert technical assistance objective].	1	2	3	4	5	NA
10. [insert technical assistance objective].	1	2	3	4	5	NA
11. [insert technical assistance objective].	1	2	3	4	5	NA
12. [insert technical assistance objective].	1	2	3	4	5	NA
13. [insert technical assistance objective].	1	2	3	4	5	NA
14. [insert technical assistance objective].	1	2	3	4	5	NA

As a result of [technical assistance], please rate your level of knowledge in the following areas:

	Very Low	Low	Moderate	High	Very High	Not Applicable
15. [insert technical assistance objective].	1	2	3	4	5	NA
16. [insert technical assistance objective].	1	2	3	4	5	NA
17. [insert technical assistance objective].	1	2	3	4	5	NA
18. [insert technical assistance objective].	1	2	3	4	5	NA
19. [insert technical assistance objective].	1	2	3	4	5	NA

20. [insert technical assistance objective].	1	2	3	4	5	NA
21. [insert technical assistance objective].	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
22. The presenter demonstrated a comprehensive knowledge of the subject./The facilitator helped the meeting to stay on track with the scheduled agenda.	1	2	3	4	5	NA
23. The presenter clearly and logically presented the content./The facilitator managed the discussion well, allowing and encouraging multiple people to share feedback.	1	2	3	4	5	NA
24. The presenter/facilitator responded well to questions and comments.	1	2	3	4	5	NA
25. The presenter/facilitator 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
26. The session/assistance clearly addressed the learning objectives/stated objectives. (See above for learning objectives.)	1	2	3	4	5	NA
27. The session/assistance addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
28. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
29. The session/assistance was well organized and clear.	1	2	3	4	5	NA
30. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
31. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
32. The session/assistance increased my knowledge related to the topic(s).	1	2	3	4	5	NA
33. The session/assistance increased my practical skills related to the topic(s).	1	2	3	4	5	NA
34. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
35. The session/assistance improved my ability to serve victims.	1	2	3	4	5	NA
36. The session/assistance improved my ability to reach underserved victims.	1	2	3	4	5	NA
37. The session/assistance improved my ability to collaborate with others.	1	2	3	4	5	NA
38. The session/assistance provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
39. The [small group activities/discussion, etc.] enhanced my experience.	1	2	3	4	5	NA
40. The session/assistance met my professional needs.	1	2	3	4	5	NA
41. I am satisfied with the overall quality of the session/assistance.	1	2	3	4	5	NA

What three steps will you take to better serve victims of crime as a result of this [TTA]?

- a. _____
- b. _____
- c. _____

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

TTA ACTIVITY: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
42. [insert TTA activity objective]	1	2	3	4	5	NA
43. [insert TTA activity objective]	1	2	3	4	5	NA
44. [insert TTA activity objective]	1	2	3	4	5	NA
45. [insert TTA activity objective]	1	2	3	4	5	NA
46. [insert TTA activity objective]	1	2	3	4	5	NA
47. [insert TTA activity objective]	1	2	3	4	5	NA
48. [insert TTA activity objective]	1	2	3	4	5	NA
49. [insert TTA activity objective]	1	2	3	4	5	NA
TTA ACTIVITY: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
50. [insert TTA activity objective]	1	2	3	4	5	NA
51. [insert TTA activity objective]	1	2	3	4	5	NA
52. [insert TTA activity objective]	1	2	3	4	5	NA
53. [insert TTA activity objective]	1	2	3	4	5	NA
54. [insert TTA activity objective]	1	2	3	4	5	NA
55. [insert TTA activity objective]	1	2	3	4	5	NA
56. [insert TTA activity objective]	1	2	3	4	5	NA
57. [insert TTA activity objective]	1	2	3	4	5	NA
T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
58. [insert TTA activity objective]	1	2	3	4	5	NA
59. [insert TTA activity objective]	1	2	3	4	5	NA
60. [insert TTA activity objective]	1	2	3	4	5	NA
61. [insert TTA activity objective]	1	2	3	4	5	NA
62. [insert TTA activity objective]	1	2	3	4	5	NA
63. [insert TTA activity objective]	1	2	3	4	5	NA
64. [insert TTA activity objective]	1	2	3	4	5	NA
65. [insert TTA activity objective]	1	2	3	4	5	NA

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
66. Share material with colleagues	1	2	3	4	5	NA
67. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
68. Train/educate others in content/skills learned	1	2	3	4	5	NA
69. Pursue additional professional development	1	2	3	4	5	NA
70. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
71. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
72. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
73. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
74. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
75. Enact policy changes at my organization	1	2	3	4	5	NA
76. Begin a new project or initiative	1	2	3	4	5	NA
77. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
78. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA

79. Network with other participants	1	2	3	4	5	NA
80. Identify/pursue new funding resources	1	2	3	4	5	NA
81. Implement/change financial procedures	1	2	3	4	5	NA
82. Modify outreach/marketing activities	1	2	3	4	5	NA
83. 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.

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

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

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

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

88. Following this [TTA], how prepared do you feel to take steps toward [insert main TTA objective] in your organization?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Completely Prepared</i>

89. Please indicate what aspects of the technical assistance were most helpful to achieving each objective.

	Learning Objective 1	Learning Objective 2	Learning Objective 3	Learning Objective 4
Element of Technical Assistance 1				
Element of Technical Assistance 2				
Element of Technical Assistance 3				
Element of Technical Assistance 4				

90. What could OVC TTAC do in the future to enhance your level of preparedness during this [type of TTA]?

91. What could OVC TTAC do in the future to enhance your level of preparedness following this [type of TTA]?

92. Was there sufficient time allotted to meet the goals of this technical assistance? Are there areas where you would have liked more time for input or development?

93. Do you have any other comments or suggestions?

94. 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 |

95. 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/ | <input type="checkbox"/> Not Listed (option to specify): |
| <input type="checkbox"/> Transgender Male | Non-Binary | _____ |

96. 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 | | |

97. 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 | _____ |

98. 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 | | _____ |

99. 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 |
|--|---------------------------------------|--|---|

100. 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 | _____ |

101. 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 |

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

103. 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.