

**MATERIALS**  
*User 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. If you have any questions about this survey or the evaluation, please contact [TTACEval@icf.com](mailto:TTACEval@icf.com). Please complete this survey after you have used the materials.*

MATERIALS: pre-printed information

DATE DOWNLOADED/RECEIVED: pre-printed information

1. Which of the following **best** describes the reason you obtained these materials? (**Mark one.**)
 

<input type="checkbox"/> Personal use/assist a family member/friend <input type="checkbox"/> For use in undergraduate coursework <input type="checkbox"/> For use in graduate coursework <input type="checkbox"/> To train colleagues/faculty/victim service providers	<input type="checkbox"/> To provide services to victims/perpetrators of crime <input type="checkbox"/> For use in program development/operations <input type="checkbox"/> Other (please specify): _____ _____
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2. Was this resource used as part of a larger training/course?       Yes       No
3. Approximately how many times have you used this resource? (**Mark one.**)
 

<input type="checkbox"/> I have not used it yet	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 7+ times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 4-6 times	
4. If you used these materials to train/teach others, how many people participated in the training/class? \_\_\_\_\_

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

<b>COMPONENT 1:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
6. I am satisfied with the content of these materials.	1	2	3	4	5	NA
7. I am satisfied with the format of these materials	1	2	3	4	5	NA
8. The materials were well organized and clear.	1	2	3	4	5	NA
9. The terminology included in the materials was used correctly.	1	2	3	4	5	NA
10. The materials increased my knowledge related to the topic(s).	1	2	3	4	5	NA
11. The materials were appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
12. The materials were useful and relevant.	1	2	3	4	5	NA
13. The materials met my professional needs.	1	2	3	4	5	NA
14. I am satisfied with the overall quality of the materials.	1	2	3	4	5	NA
<b>COMPONENT 2:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
15. The materials addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
16. I am satisfied with the content of these materials.	1	2	3	4	5	NA
17. I am satisfied with the format of these materials	1	2	3	4	5	NA
18. The materials were well organized and clear.	1	2	3	4	5	NA
19. The terminology included in the materials was used correctly.	1	2	3	4	5	NA
20. The materials increased my knowledge related to the topic(s).	1	2	3	4	5	NA
21. The materials were appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
22. The materials were useful and relevant.	1	2	3	4	5	NA
23. The materials met my professional needs.	1	2	3	4	5	NA
24. I am satisfied with the overall quality of the materials.	1	2	3	4	5	NA

**As a result of using this material, please rate your level of confidence in your likelihood to do any of the following:**

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](mailto:TTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

	Very Low	Low	Moderate	High	Very High	Not Applicable
25. Share material with colleagues	1	2	3	4	5	NA
26. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
27. Train/educate others in content/skills learned	1	2	3	4	5	NA
28. Pursue additional professional development	1	2	3	4	5	NA
29. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
30. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
31. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
32. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
33. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
34. Enact policy changes at my organization	1	2	3	4	5	NA
35. Begin a new project or initiative	1	2	3	4	5	NA
36. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
37. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
38. Network with other participants	1	2	3	4	5	NA
39. Identify/pursue new funding resources	1	2	3	4	5	NA
40. Implement/change financial procedures	1	2	3	4	5	NA
41. Modify outreach/marketing activities	1	2	3	4	5	NA
42. 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.

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

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

45. What aspects of the materials were most helpful and why?

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46. What could be done differently to improve the materials?

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47. Do you have any other comments or suggestions?

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

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49. Are there any resources you would suggest we link to from the materials? If so, please provide the link if hosted online and provide a description below. If they are not hosted online, please email us a copy at [TTAC@ovcttac.org](mailto:TTAC@ovcttac.org).

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*Thank you for taking the time to complete this form and helping to improve OVC TTAC activities. If you would be willing to help promote these curriculum materials, please provide your email: \_\_\_\_\_*