

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: _____	

Email: _____

Please rate your satisfaction with the following sessions.

SESSIONS	Very Dissatisfied	Dissatisfied	Neither Dissatisfied nor Satisfied	Satisfied	Very Satisfied	Not Applicable
1. [Session name]	1	2	3	4	5	NA
2. [Session name]	1	2	3	4	5	NA
3. [Session name]	1	2	3	4	5	NA
4. [Session name]	1	2	3	4	5	NA
5. [Session name]	1	2	3	4	5	NA
6. [Session name]	1	2	3	4	5	NA
7. [Session name]	1	2	3	4	5	NA
8. [Session name]	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
9. 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
10. 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
11. The presenter/facilitator responded well to questions and comments.	1	2	3	4	5	NA
12. 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
13. The session/assistance clearly addressed the learning objectives/stated objectives. (See above for learning objectives.)	1	2	3	4	5	NA
14. As a result of this assistance, I can...	1	2	3	4	5	NA
15. As a result of this assistance, I can...	1	2	3	4	5	NA
16. The session/assistance addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
17. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
18. The session/assistance was well organized and clear.	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 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 or 9300 Lee Highway, Fairfax, VA 22031.

19. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
20. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
21. The session/assistance increased my knowledge related to the topic(s).	1	2	3	4	5	NA
22. The session/assistance increased my practical skills related to the topic(s).	1	2	3	4	5	NA
23. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
24. The session/assistance improved my ability to serve victims.	1	2	3	4	5	NA
25. The session/assistance improved my ability to reach underserved victims.	1	2	3	4	5	NA
26. The session/assistance improved my ability to collaborate with others.	1	2	3	4	5	NA
27. The session/assistance provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
28. The [small group activity/discussion] enhanced my experience.	1	2	3	4	5	NA
29. The session/assistance met my professional needs.	1	2	3	4	5	NA
30. I am satisfied with the overall quality of the session/assistance.	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
31. Share material with colleagues	1	2	3	4	5	NA
32. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
33. Train/educate others in content/skills learned	1	2	3	4	5	NA
34. Pursue additional professional development	1	2	3	4	5	NA
35. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
36. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
37. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
38. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
39. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
40. Enact policy changes at my organization	1	2	3	4	5	NA
41. Begin a new project or initiative	1	2	3	4	5	NA
42. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
43. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
44. Network with other participants	1	2	3	4	5	NA
45. Identify/pursue new funding resources	1	2	3	4	5	NA
46. Implement/change financial procedures	1	2	3	4	5	NA
47. Modify outreach/marketing activities	1	2	3	4	5	NA
48. 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.

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

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

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

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

53. Do you have any other comments or suggestions?

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

55. 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 |

56. 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 | | |

57. 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 | | |

58. 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 | |

59. 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 | | |

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WORK PLAN TA
Participant Feedback



OMB#: 1121-XXXX
Date of Expiration: XXXX

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

- Less than 3 years 3 to 5 years 6 to 10 years More than 10 years

61. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- Direct Delivery/Front Line Staff Consultant/Trainer Other (please specify):
 Management/Administrative Staff Volunteer

62. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- National Local
 State Urban
 Tribal Rural
 International, list country: Suburban

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

64. 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.