

**SPEAKER SUPPORT**  
**Participant 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. 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](mailto:TTACEval@icf.com).*

EVENT: _____	SESSION: _____
LOCATION: _____	DATE(S): _____
PRESENTER(S): _____	
LEARNING OBJECTIVES: <u>SEE LAST PAGE</u>	

Email: \_\_\_\_\_

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

<b>PRESENTER/FACILITATOR 1:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
2. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
3. The presenter responded well to questions and comments.	1	2	3	4	5	NA
4. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
<b>PRESENTER/FACILITATOR 2:</b> _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
6. The presenter clearly and logically presented the content.	1	2	3	4	5	NA
7. The presenter responded well to questions and comments.	1	2	3	4	5	NA
8. The presenter created a respectful environment for participants.	1	2	3	4	5	NA
<b>OVERALL SESSION</b>	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
9. The session clearly addressed the learning objectives. (See last page for learning objectives.)	1	2	3	4	5	NA
10. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
11. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
12. The session was well organized and clear.	1	2	3	4	5	NA
13. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
14. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
15. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
16. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
17. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
18. The session improved my ability to serve victims.	1	2	3	4	5	NA
19. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
20. The session provided sufficient opportunity to network with others in the field.	1	2	3	4	5	NA
21. The session met my professional needs.	1	2	3	4	5	NA
22. I am satisfied with the overall quality of the session.	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 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](mailto:TTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

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

24. Do you have any other comments or suggestions?

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

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26. How often have you engaged with OVC TTAC in the last 12 months? (Mark one.)

- 1–3 times  7–9 times  
 4–6 times  10+ times

27. Which of the following best describes your gender identity? (Mark one.)

- Male  Transgender Female  Two-Spirit  
 Female  Genderqueer/NonConforming/  Not Listed (option to specify):  
 Transgender Male  Non-Binary \_\_\_\_\_

28. Which of the following best describes your race/ethnicity? (Mark all that apply.)

- American Indian or Alaska Native  Native Hawaiian or  Not Listed (option to specify):  
 Asian  Pacific Islander \_\_\_\_\_  
 Black/African American  White Non-Latino or  
 Hispanic/Latino  Caucasian

29. Which of the following best describes the organization in which you work? (Mark all that apply.)

- Community-Based/Grassroots  Health/Mental Health Services  Military  
 Criminal Justice Agency  Human/Social Services  Research  
 Education  Legal Services  Other (please specify):  
 Faith-Based  Legislation/Policymaking \_\_\_\_\_

30. Which types of victim services do *you* provide for crime victims in your current position? (Mark all that apply.)

- I do not provide direct services  Criminal Justice System  Notification  
 Child Care  Advocacy/Assistance  Transportation  
 Compensation/Restitution  Housing/Shelter  24-Hour Hotline  
 Counseling  Information/Referral  Other (please specify):  
 Crisis Intervention  Medical/SANE/SART \_\_\_\_\_

31. 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

32. 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 \_\_\_\_\_

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

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

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

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

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

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*Please use the learning objectives listed below to answer question #9.*

**LEARNING OBJECTIVES:**