

**REQUESTER  
FEEDBACK  
Form**



**NATIONAL HUMAN TRAFFICKING  
TRAINING AND TECHNICAL  
ASSISTANCE CENTER**

OMB Control Number: 0970-0519  
Expiration Date: 05/31/2020

*In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out 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, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com).*

REQUESTER NAME/AGENCY: _____
CONSULTANT(S)/PRESENTER(S): _____
NHTTAC TRAINING/TECHNICAL ASSISTANCE SPECIALIST: _____

1. Please select the type of training and technical assistance (T/TA) you requested:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Needs assessment</li> <li><input type="checkbox"/> Organization audit</li> <li><input type="checkbox"/> SOAR for communities</li> <li><input type="checkbox"/> In-person SOAR training</li> <li><input type="checkbox"/> In-person training</li> <li><input type="checkbox"/> Peer-to-peer collaboration</li> <li><input type="checkbox"/> Coaching</li> <li><input type="checkbox"/> Mentorship</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Review of materials (e.g., protocols, screening forms, etc.)</li> <li><input type="checkbox"/> Remote training</li> <li><input type="checkbox"/> Training of trainers</li> <li><input type="checkbox"/> SOAR training for HHS personnel</li> <li><input type="checkbox"/> Strategic partnerships for SOAR <i>Online</i></li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> |
|---|--|

*Please indicate the extent to which you were satisfied or not satisfied with your overall experience working with NHTTAC:*

	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
2. The overall quality of the support you received from NHTTAC staff	1	2	3	4
3. Your overall experience with NHTTAC staff	1	2	3	4
4. Your interactions with NHTTAC staff	1	2	3	4
5. Your interactions with the consultants	1	2	3	4
6. The quality of support you received from NHTTAC staff during the needs assessment process	1	2	3	4
7. The quality of support you received from the consultants in implementing the T/TA	1	2	3	4

*Please indicate the extent to which you agree or disagree with the following statements about your interactions with NHTTAC staff and the planning process:*

<b>PLANNING</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
8. NHTTAC was responsive to my questions and needs.	1	2	3	4

**PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.117 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.

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9. NHTTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4
10. NHTTAC staff was detail oriented and thorough in the planning of this T/TA.	1	2	3	4
11. NHTTAC was timely throughout the planning process.	1	2	3	4
<b>NEEDS ASSESSMENT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
12. NHTTAC helped me determine the most important needs are for [me][my organization] to address human trafficking.	1	2	3	4
13. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
14. NHTTAC helped me determine the most important needs are for [me][my organization] to <insert objective>.	1	2	3	4
15. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
16. As a result of the needs assessment, [I][my organization] can....	1	2	3	4
17. As a result of the needs assessment, [I][my organization] can....	1	2	3	4

18. What aspects of the NHTTAC planning process were most helpful, and why?

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19. What aspects of the needs assessment were most helpful, and why?

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

<b>CONSULTANT 1: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
20. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
21. The consultant responded to me in a timely manner.	1	2	3	4
22. The consultant was respectful.	1	2	3	4
23. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4
<b>CONSULTANT 2: _____</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
24. The consultant was easy to communicate with in planning for the T/TA.	1	2	3	4
25. The consultant responded to me in a timely manner.	1	2	3	4
26. The consultant was respectful.	1	2	3	4
27. The consultant's knowledge and expertise were appropriate for my needs.	1	2	3	4

28. Would you recommend [NHTTAC][SOAR] T/TA to others to receive T/TA?  Yes  No

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29. What suggestions do you have for improving NHTTAC's support of T/TA planning and/or delivery?

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30. What additional needs do you or your organization have regarding this topic?

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

- Academic institution
- Anti-trafficking organization
- Business/For-profit organization
- Coalition/Multidisciplinary team/Task force
- Federal government
- Faith-based organization
- State and local government
- Nonprofit/Community-based organization
- OTIP grantee
- Self-employed
- Survivor-led organization
- Tribal government
- Union/Worker advocacy organization
- Victim service provider
- Other (please specify): \_\_\_\_\_

32. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes                       No

33. Which of the following **best** describes your professional capacity or types of services you provide? (**Mark all that apply.**)

- Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)
- Corrections-based services (e.g., parole, probation)
- Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)
- Educator (e.g., teacher, professor, school administrator)
- Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (e.g., case worker, shelter director, public housing authority agencies)
- Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (e.g., licensure board, health department staff, health care executive, community health workers)
- Social worker (e.g., case manager, school counselor, supervisor, administrator)
- Survivor empowerment, mentoring, or peer to peer
- Violence prevention (e.g., child abuse and neglect, elder abuse, domestic violence, sexual violence, youth violence)
- Other (please specify): \_\_\_\_\_

34. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of being trafficked, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>Daily</i>

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35. Which of the following **best** describes the number of years of experience you have in your current field of work?

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

36. Which of the following **best** describes your primary role in your current position?

- Direct delivery/Frontline staff       Consultant/Trainer       Administration  
 Management       Volunteer       Peer Educator  
 Other (please specify): \_\_\_\_\_

37. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- National       Local  
 State (please specify): \_\_\_\_\_       Urban  
 Tribal       Rural  
 International (please specify country): \_\_\_\_\_  
\_\_\_\_\_       Suburban

38. Please select any of the following populations you currently work with in a professional capacity. (**Mark all that apply.**)

- |   |   |
|---|---|
| <input type="checkbox"/> Human trafficking                                    | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| └─ Commercial sexual exploitation of children                                 | <input type="checkbox"/> People with low incomes  |
| └─ Sex trafficking  | <input type="checkbox"/> Racial and ethnic minorities   |
| └─ Adults   | └─ American Indian or Alaska Native   |
| └─ Minors   | └─ Asian  |
| └─ Labor trafficking  | └─ Black or African American  |
| └─ Adults   | └─ Native Hawaii or other Pacific Islander  |
| └─ Minors   | └─ White  |
| <input type="checkbox"/> Children/youth                                       | └─ Hispanic or Latino ethnicity   |
| └─ Out of home/Foster care/Kinship care                                       | <input type="checkbox"/> History of substance use   |
| └─ Juvenile justice   | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence)            |
| └─ Runaway/Homeless youth   | <input type="checkbox"/> Gang-related crime   |
| <input type="checkbox"/> People with disabilities                             | <input type="checkbox"/> Sexual abuse/Violence  |
| <input type="checkbox"/> Deaf/Hearing impaired                                | <input type="checkbox"/> Other (please specify): _____  |
| <input type="checkbox"/> Elderly  |   |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning |   |

39. Do you have any other comments or suggestions you would like to share about your [NHTTAC][SOAR] experience?

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