

**SOAR BLENDED LEARNING
PARTICIPANT FEEDBACK
Form**



**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.

PRETRAINING QUESTIONS:

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name
(insert just the month (example: S for Sara) (example: M for Maria)
for your date of birth:
08 for August)

Please rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
1. Identify people who are at risk or have been trafficked	1	2	3	4
2. Develop or redefine your vision and mission statements	1	2	3	4
3. Serve individuals [at-risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
4. Create a list of objectives for organizational change	1	2	3	4
5. Identify the elements of an action-planning process	1	2	3	4

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WEEKLY EVALUATION QUESTIONS:

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Birth Month First letter of first name First letter of your middle name
(insert just the month (example: S for Sara) (example: M for Maria)
for your date of birth:
08 for August)

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
2. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
3. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
4. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
5. As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4

6. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
7. The materials addressed the learning objectives clearly.	1	2	3	4
8. The materials addressed the critical issues related to the topic(s).	1	2	3	4
9. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
10. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
11. The materials increased my knowledge related to the topics.	1	2	3	4
12. The materials increased my practical skills related to the topics.	1	2	3	4

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13. I am satisfied with the overall quality of the materials.	1	2	3	4
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Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The webinar addressed the learning objectives clearly.	1	2	3	4
15. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
16. The time allotted was adequate for the scope of material covered.	1	2	3	4
17. The webinar was well organized and clear.	1	2	3	4
18. The material was appropriate for my level of experience and knowledge.	1	2	3	4
19. The webinar increased my knowledge related to the topics.	1	2	3	4
20. The webinar increased my practical skills related to the topics.	1	2	3	4
21. I am satisfied with the overall quality of the webinar.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
22. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
23. The instructor presented the content clearly and logically.	1	2	3	4
24. The instructor responded positively to questions and comments.	1	2	3	4
25. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
27. The instructor presented the content clearly and logically.	1	2	3	4
28. The instructor responded positively to questions and comments.	1	2	3	4
29. The instructor created a respectful environment for the participants.	1	2	3	4

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WEEK 4 (OR LAST WEEK OF TRAINING) EVALUATION QUESTIONS

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name
(insert just the month (example: S for Sara) (example: M for Maria)
for your date of birth:
08 for August)

Please rate your level of confidence in your ability to:

	Very Low	Low	High	Very High
1. Identify a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
2. Develop/redefine your vision and mission statements	1	2	3	4
3. Serve individuals [at risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
4. Create a list of objectives for organizational change	1	2	3	4
5. Identify elements of an action-planning process	1	2	3	4

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. As a result of this week’s training activities, I<insert learning objective>.	1	2	3	4
7. As a result of this week’s training activities, I<insert learning objective>.	1	2	3	4
8. As a result of this week’s training activities, I<insert learning objective>.	1	2	3	4
As a result of this week’s training activities, I <insert learning objective>.	1	2	3	4
9. As a result of this week’s training activities, I<insert learning objective>.	1	2	3	4

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

Instructor 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
10. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
11. The instructor presented the content clearly and logically.	1	2	3	4
12. The instructor responded positively to questions and comments.	1	2	3	4
13. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
15. The instructor presented the content clearly and logically.	1	2	3	4
16. The instructor responded positively to questions and comments.	1	2	3	4
17. The instructor created a respectful environment for the participants.	1	2	3	4

18. Did the instructor(s) provide feedback on the mastery of the learning objectives? Yes No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
19. The materials addressed the learning objectives clearly.	1	2	3	4
20. The materials addressed the critical issues related to the topic(s).	1	2	3	4
21. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
22. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
23. The materials increased my knowledge related to the topics.	1	2	3	4
24. The materials increased my practical skills related to the topics.	1	2	3	4
25. I am satisfied with the overall quality of the materials.	1	2	3	4

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Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The webinar addressed the learning objectives clearly.	1	2	3	4
27. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
28. The time allotted was adequate for the scope of material covered.	1	2	3	4
29. The webinar was well organized and clear.	1	2	3	4
30. The material was appropriate for my level of experience and knowledge.	1	2	3	4
31. The webinar increased my knowledge related to the topics.	1	2	3	4
32. The webinar increased my practical skills related to the topics.	1	2	3	4
33. I am satisfied with the overall quality of the webinar.	1	2	3	4

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OVERALL TRAINING EVALUATION QUESTIONS (FOR LAST WEEK OF TRAINING OR DISSEMINATED 1 WEEK AFTER COMPLETION OF THE COURSE)

Please provide the information below to create an anonymous ID:

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(insert just the month (example: S for Sara) (example: M for Maria)
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For the next set of questions, please rate your responses based on the overall training:

1. Did you receive continuing education credits for completing the training? Yes No

Please click the number that best represents your rating for this training for each of the following questions:

2. Please rate the overall quality of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

3. Please rate the overall quality of the webinar portion of this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

4. Please rate the overall quality of readings, videos (excluding webinars), and worksheets used in this training.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

5. Please rate how well the webinars and other weekly learning materials complemented each other.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Very Good</i>

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
7. The training met my educational needs.	1	2	3	4
8. The training met my professional needs.	1	2	3	4
9. The educational materials provided during this training were useful.	1	2	3	4
10. The activities provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.)	1	2	3	4
11. The time allotted was adequate for the scope of material covered.	1	2	3	4
12. The technology was easy to use.	1	2	3	4
13. The use of technology provided a good learning environment.	1	2	3	4
14. Overall, the instructors were knowledgeable about the content.	1	2	3	4
15. As a result of this SOAR training, I can <i><insert learning objective></i> .	1	2	3	4
16. As a result of this SOAR training, I can <i><insert learning objective></i> .	1	2	3	4
17. The training was survivor informed.	1	2	3	4
18. The training was trauma informed.	1	2	3	4
19. The training was based on current evidence-based research or promising practices.	1	2	3	4
20. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
21. The training will be useful for my practice or for my professional development.	1	2	3	4
22. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. The training provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4

24. As a result of participating in this SOAR training, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|--|--|
| <input type="checkbox"/> Change my management/leadership or interpersonal communication style | <input type="checkbox"/> Write grants/fundraise/identify new funding resources |
| <input type="checkbox"/> Further develop skills and knowledge about serving victims of trafficking | <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan |

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- | | |
|---|---|
| <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization | <input type="checkbox"/> Provide information to clients/families/youth |
| <input type="checkbox"/> Improve programs/practices | <input type="checkbox"/> Train/educate others in content/skills learned |
| <input type="checkbox"/> Improve technology/websites/infrastructure | <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to victims |
| <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies | <input type="checkbox"/> Refer colleagues to NHTTAC events/resources |
| <input type="checkbox"/> Expand services or types of services | <input type="checkbox"/> Conduct research |
| <input type="checkbox"/> Begin a new project or initiative | <input type="checkbox"/> Strengthen evaluation or needs assessment activities |
| <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships | <input type="checkbox"/> Improve identification and reporting methods for trafficking |
| <input type="checkbox"/> Network with other participants | <input type="checkbox"/> Take additional training on human trafficking |
| <input type="checkbox"/> Share materials with colleagues | <input type="checkbox"/> Other (please specify): _____ |

25. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)

- | | |
|--|--|
| <input type="checkbox"/> Lack of senior leadership support | <input type="checkbox"/> Difficulty in establishing and/or maintaining a multidisciplinary team |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Shortages of key personnel | <input type="checkbox"/> Lack of time to implement changes |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Lack of training for staff in how to implement change |
| <input type="checkbox"/> Inaccessible research and/or information | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Lack of urgency | |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |

26. Would you recommend SOAR to others to receiving training? Yes No

27. What could be done differently to improve the training?

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

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> Nonprofit/community-based organization |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Business/for-profit organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Coalition/multidisciplinary team/task force | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Union/worker advocacy organization |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Victim service provider |
| | <input type="checkbox"/> Other (please specify): _____ |

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

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

30. 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>

31. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?
 Yes No

32. 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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct delivery/frontline staff | <input type="checkbox"/> Consultant/trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

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

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country): _____ | <input type="checkbox"/> Suburban |

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35. 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) |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> Sex trafficking | <input type="checkbox"/> Racial and ethnic minorities |
| <input type="checkbox"/> Adults | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Minors | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Labor trafficking | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Native Hawaii or other Pacific Islander |
| <input type="checkbox"/> Minors | <input type="checkbox"/> White |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Out of home/Foster care/Kinship care | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Juvenile justice | <input type="checkbox"/> Intimate partner violence (e.g., dating, domestic violence) |
| <input type="checkbox"/> 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 | |

36. What is your race? **(Mark all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

37. What is your ethnicity? **(Mark all that apply.)**

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

38. What is your gender? **(Mark all that apply.)**

- Male
- Female
- Transgender
- Other (please specify): _____

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

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