

**REQUESTER  
FEEDBACK  
Form**



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

OMB Number: 0970-0519

In order to help the Office on Trafficking in Persons' 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 [insert].

**Please provide your email address to enable us to track your participation across NHTTAC offerings and your preferences/insights provided. You will be prompted to provide this same email address each time.**

If you do not have an email address or prefer to use a unique identifier, create a username to be used and retained for future NHTTAC evaluations. Username example: Provide your two-digit birth month, first initial, and middle initial (e.g., 08JD)\_\_\_\_\_

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

**Please indicate the extent to which you were satisfied or not satisfied with [your/your organization's] overall experience working with NHTTAC:**

SUPPORT	Very Dissatisfied	Very Satisfied
The overall quality of the support [I/my organization] received from NHTTAC staff.	1	8
[My/my organization's] overall experience with NHTTAC staff.	1	8
[My/my organization's] interactions with NHTTAC staff.	1	8
[My/my organization's] interactions with the consultant(s).	1	8
The quality of support [I/my organization] received from NHTTAC staff during the [Insert request, e.g., peer review, needs assessment, other request] process.	1	8
The quality of support [I/my organization] received from the consultants in implementing recommendations from the [Insert request, e.g., peer review, needs assessment, other request].	1	8

**Please indicate the extent to which you agree or disagree with the following statements about [your/your organization's] interactions with NHTTAC staff and the planning process:**

PLANNING	Strongly Disagree	Strongly Agree
NHTTAC was flexible, responsive, and accommodating to [My/my organization's] questions and needs.	1	8
NHTTAC was effective in identifying an appropriate consultant/presenter.	1	8
NHTTAC staff was detail oriented and thorough in the planning of this [Insert request, e.g., peer review, needs assessment, other request].	1	8

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 service delivery. The 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 or 9300 Lee Highway, Fairfax, VA 22031.

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NHTTAC was timely throughout the planning process.	1	8
The planning for [Insert T/TA type] was well coordinated.	1	8
NHTTAC prepared [me/my organization] to use the technology platforms necessary for participation in the T/TA (e.g., Mural, Zoom).	1	8
NHTTAC was well organized in the planning of [Insert T/TA type].	1	8

What are the top three aspects of the NHTTAC planning process that were most helpful, and why?

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**Please indicate the extent to which [your/your organization] agree or disagree with the following statements:**

OVERALL FEEDBACK	Strongly Disagree	Strongly Agree
NHTTAC helped [Me/my organization] determine the most important needs are for [Insert me/my organization] to address human trafficking.	1	8
NHTTAC helped [Me/my organization] determine the most important needs are for [Insert me/my organization] to [Insert objective].	1	8
NHTTAC helped [Me/my organization] determine the most important needs are for [Insert me/my organization] to [Insert objective].	1	8
The [Insert request, e.g., peer review, needs assessment, other request] was equity focused.	1	8
The [Insert request, e.g., peer review, needs assessment, other request] reflected perspectives, data, and theories related to various identities rather than only mainstream perspectives.	1	8
NHTTAC respected [My/my organization's] perspective about the topics covered.	1	8
I felt like [I/my organization] was heard, [My/my organization's] thoughts were valued, and [I/my organization] had ample opportunity to actively participate in the process.	1	8
As a result of the [Insert request, e.g., peer review, needs assessment, other request], [Insert I/my organization] can [Insert competency].	1	8
As a result of the [Insert request, e.g., peer review, needs assessment, other request], [Insert I/my organization] can [Insert competency].	1	8
As a result of the [Insert request, e.g., peer review, needs assessment, other request], [Insert I/my organization] can [Insert competency].	1	8
I feel equipped to incorporate feedback around inclusivity, bias, racial equity, and cultural humility into [Insert objective].	1	8
The recommendations reflect an understanding of the importance of diversity, equity, and inclusion in anti-trafficking work.	1	8

**Please indicate the extent to which [your/your organization] agree or disagree with the following statements:**

RECOMMENDATIONS FEEDBACK	Strongly Disagree	Strongly Agree	Not Applicable
The recommendations and consultant provided insights/guidance on trauma-informed practices.	1	8	N/A

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The recommendations and consultant provided insights/guidance on being survivor informed.	1	8	N/A
The recommendations and consultant provided insights/guidance on current evidence-based research or promising practices.	1	8	N/A
The recommendations provided during the [Insert request, e.g., peer review, needs assessment, other request] met my organizations' needs.	1	8	N/A
The recommendations and consultant provided insights/guidance on person-centered practices.	1	8	N/A
The recommendations and consultant provided insights/guidance on culturally and linguistically appropriate practices.	1	8	N/A
The recommendations and consultant provided insights/guidance on using a multidisciplinary approach.	1	8	N/A

**Please indicate the extent to which [your/your organization] agree or disagree with the following statements:**

<b>CONSULTANT 1:</b>	<b>Strongly Disagree</b>	<b>Strongly Agree</b>
The consultant's knowledge was appropriate for [Insert topic].	1	8
The consultant's expertise was appropriate for [Insert topic].	1	8
The consultant delivered the recommendations clearly and logically.	1	8
The consultant provided detailed/comprehensive responses to questions and comments.	1	8
The consultant created an environment for humble and respectful reflection.	1	8
The consultant was a good fit for this [Insert request, e.g., peer review, needs assessment, other request].	1	8
The consultant shared power and offered opportunities for me to collaborate and contribute to decision making.	1	8
The consultant used [Insert competency to assess facilitator's knowledge/experience].	1	8
The consultant used [Insert competency to assess facilitator's knowledge/experience].	1	8
<b>CONSULTANT 2:</b>	<b>Strongly Disagree</b>	<b>Strongly Agree</b>
The consultant's knowledge was appropriate for [Insert topic].	1	8
The consultant's expertise was appropriate for [Insert topic].	1	8
The consultant delivered the recommendations clearly and logically.	1	8
The consultant provided detailed/comprehensive responses to questions and comments.	1	8
The consultant created an environment for humble and respectful reflection.	1	8
The consultant shared power and offered opportunities for me to collaborate and contribute to decision making.	1	8
The consultant used [Insert competency to assess facilitator's knowledge/experience].	1	8
The consultant used [Insert competency to assess facilitator's knowledge/experience].	1	8

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Would [your/your organization] recommend OTIP/NHTTAC to others to receive T/TA?  Yes  No

Please list any professional goals [you/your organization] have achieved through this [Insert request, e.g., peer review, needs assessment, other request].

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How will this [Insert request, e.g., peer review, needs assessment, other request] help [you/your organization] in responding to human trafficking?

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If this [T/TA/information/assistance] will not help [You/your organization], briefly explain why and what is preventing next steps?

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What are the top three aspects of this this [Insert request, e.g., peer review, needs assessment, other request] that were most helpful and why?

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What could NHTTAC do differently to improve similar [Insert request, e.g., peer review, needs assessment, other request] requests in the future?

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How has this [Insert request, e.g., peer review, needs assessment, other request] impacted you and your organization? Do you give permission for NHTTAC to include this quote in reports, on the website, or in other public-facing resources?

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Do you have any other comments or suggestions?

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