

**GENERAL TRAINING
PARTICIPANT
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.

TRAINING: _____ DATE(S): _____ CONSULTANT(S)/FACILITATOR(S): _____
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PRETRAINING EVALUATION

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)

To what extent are you knowledgeable about:

	Not At All Knowledgeable	Somewhat Knowledgeable	Very Knowledgeable
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

How prepared are you to teach others about:

	Not At All Prepared	Somewhat Prepared	Well Prepared
6. <Insert learning objective>	1	2	3
7. <Insert learning objective>	1	2	3
8. <Insert learning objective>	1	2	3

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9. <Insert learning objective>	1	2	3
10. <Insert learning objective>	1	2	3

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POSTTRAINING EVALUATION

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 click the number that best represents how well this training met its stated objectives:

	Did Not Achieve This Objective	Somewhat Achieved This Objective	Achieved This Objective
1. <Insert learning objective>	1	2	3
2. <Insert learning objective>	1	2	3
3. <Insert learning objective>	1	2	3
4. <Insert learning objective>	1	2	3
5. <Insert learning objective>	1	2	3

6. Overall, how well did this training meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

7. How useful was the training to your work?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

8. Did you receive continuing education credits for completing this training? Yes No

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
9. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
10. The facilitator presented the content clearly and logically.	1	2	3	4	NA
11. The facilitator responded positively to questions and comments.	1	2	3	4	NA
12. The facilitator created a respectful environment for participants.	1	2	3	4	NA
13. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
15. The facilitator presented the content clearly and logically.	1	2	3	4	NA
16. The facilitator responded positively to questions and comments.	1	2	3	4	NA
17. The facilitator created a respectful environment for the participants.	1	2	3	4	NA
18. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
TRAINING FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
19. The format of the training contributed to a positive meeting environment.	1	2	3	4	NA
20. The format of the training made it easy to ask questions and collaborate with other participants.	1	2	3	4	NA
21. The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
22. The training was organized and clear.	1	2	3	4	NA
23. The training increased my knowledge related to the topic(s).	1	2	3	4	NA
24. The training increased my practical skills related to the topic(s).	1	2	3	4	NA
25. The training was survivor informed.	1	2	3	4	NA
26. The training included current evidence-based or promising practices related to the topic(s).	1	2	3	4	NA
27. The training reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
28. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
29. The training was trauma informed.	1	2	3	4	NA

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30. I will be able to apply what I learned in my work.	1	2	3	4	NA
31. The training improved my ability to serve people who are being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
32. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
33. The training met my educational needs.	1	2	3	4	NA
34. The training met my professional needs.	1	2	3	4	NA
35. I will share the information I learned at the training with my colleagues.	1	2	3	4	NA

36. Please rate the overall quality of this training.

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

To what extent do you feel prepared to apply the following in your daily work:

	Not At All Prepared	Somewhat Prepared	Well Prepared
37. <Insert learning objective>	1	2	3
38. <Insert learning objective>	1	2	3
39. <Insert learning objective>	1	2	3
40. <Insert learning objective>	1	2	3
41. <Insert learning objective>	1	2	3

42. If you **do not** feel prepared to apply one or more of the objectives above, please briefly explain why:

43. What are the three most important things you learned during the training?

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

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

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 training for staff in how to implement change |
| <input type="checkbox"/> Competing priorities | <input type="checkbox"/> Other (please explain): _____ |
| <input type="checkbox"/> Inaccessible research and/or information | |
| <input type="checkbox"/> Lack of urgency | |
| <input type="checkbox"/> Lack of shared responsibility across organizational collaboration | |
| <input type="checkbox"/> Lack of time to implement changes | |

46. Would you recommend NHTTAC/SOAR to others for training? Yes No

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

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

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

- Yes No

49. 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) | |

50. 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

51. 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): _____ | | |

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52. 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>

53. 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 |

54. 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 | |

55. 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): _____

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

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

57. 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 NHTTAC activities.

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