

**SOAR ONLINE
PARTICIPANT FEEDBACK
Long 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.

PRE-TRAINING EVALUATION QUESTIONS:

Please provide the information below to create an anonymous ID:

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

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
5. <Insert learning objective>	1	2	3	4
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
11. <Insert learning objective>	1	2	3	4
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	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 0.10 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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ASK Objectives	Very Low	Low	High	Very High
14. <Insert learning objective>	1	2	3	4
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
17. <Insert learning objective>	1	2	3	4
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4

23. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of being trafficked, or have been trafficked?

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

POST-TRAINING 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)

[Note: Objectives selected for the posttest will mirror the objectives selected for the pretest].

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <Insert learning objective>	1	2	3	4
2. <Insert learning objective>	1	2	3	4
3. <Insert learning objective>	1	2	3	4
4. <Insert learning objective>	1	2	3	4
5. <Insert learning objective>	1	2	3	4

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STOP Objectives	Very Low	Low	High	Very High
6. <Insert learning objective>	1	2	3	4
7. <Insert learning objective>	1	2	3	4
8. <Insert learning objective>	1	2	3	4
9. <Insert learning objective>	1	2	3	4
10. <Insert learning objective>	1	2	3	4
11. <Insert learning objective>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <Insert learning objective>	1	2	3	4
13. <Insert learning objective>	1	2	3	4
14. <Insert learning objective>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <Insert learning objective>	1	2	3	4
16. <Insert learning objective>	1	2	3	4
17. <Insert learning objective>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
18. <Insert learning objective>	1	2	3	4
19. <Insert learning objective>	1	2	3	4
20. <Insert learning objective>	1	2	3	4
21. <Insert learning objective>	1	2	3	4
22. <Insert learning objective>	1	2	3	4
23. <Insert learning objective>	1	2	3	4

24. Are you applying for continuing education credits for completing this training? Yes No

If yes, please provide your first and last name and email address:

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I am confident that I will be able to use the knowledge and skills I learned during SOAR training when I return to my job.	1	2	3	4

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26. The training met my educational needs.	1	2	3	4
27. The training met my professional needs.	1	2	3	4
28. The educational materials provided during this training were useful.	1	2	3	4
29. The use of technology provided a good learning environment.	1	2	3	4
30. The training included current evidence-based research or promising practices.	1	2	3	4
31. I learned a great deal as a result of this training.	1	2	3	4
32. The training was survivor informed.	1	2	3	4
33. The training was trauma informed.	1	2	3	4
34. The training was based on current evidence-based research or promising practices.	1	2	3	4
35. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
36. The training reflected a public health approach to addressing human trafficking.	1	2	3	4

37. Please rate the overall quality of this training.

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

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

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39. 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"/> Variation in mission and regulatory frameworks when partnering with other organizations |
| <input type="checkbox"/> Lack of frontline support and accountability | <input type="checkbox"/> Lack of information and/or data sharing among organizations |
| <input type="checkbox"/> Continuous turnover | <input type="checkbox"/> Lack of time to implement changes |
| <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"/> Difficulty in establishing and/or maintaining a multidisciplinary team | |

40. What suggestions do you have for improving future trainings?

41. Would you recommend this SOAR training to others? Yes No

42. 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 | |

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

- Yes No

44. 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"/> Educator (e.g., teacher, professor, school administrator) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | |

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- 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): _____

45. 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>

46. 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

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

- Direct delivery/Frontline staff
- Management
- Other (please specify): _____
- Consultant/trainer
- Volunteer
- Administration
- Peer educator

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

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

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

- Human trafficking
- Commercial sexual exploitation of children
- Sex trafficking
 - Adults
 - Minors
- Labor trafficking
 - Adults
 - Minors
- Children/youth
 - Out of home/Foster care/Kinship care
 - Juvenile justice
- Runaway/Homeless youth
- People with disabilities
- Deaf/Hearing impaired
- Elderly
- Lesbian, gay, bisexual, transgender, and questioning
- Foreign nationals (migrant workers, undocumented immigrants, refugees)
- People with low incomes
- Racial and ethnic minorities
 - American Indian or Alaska Native
 - Asian
 - Black or African American

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- | | |
|------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Native Hawaii or other Pacific Islander | <input type="checkbox"/> Gang-related crime |
| <input type="checkbox"/> White | <input type="checkbox"/> Sexual abuse/Violence |
| <input type="checkbox"/> Hispanic or Latino ethnicity | <input type="checkbox"/> Other (please specify): _____ |
- History of substance use
 Intimate partner violence (e.g., dating, domestic violence)

50. 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): _____

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

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

52. 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.