

Approximately 3 months ago, you attended the OVC TTAC session listed below. In order to help OVC TTAC 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. Only members of the Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants/users, consultants/presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com.

EVENT: _____ SESSION: _____
LOCATION: _____ DATE(S): _____
PRESENTER(S): _____

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

OVERALL SESSION	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The session increased my knowledge related to the topic(s).	1	2	3	4	5	NA
2. The session increased my practical skills related to the topic(s).	1	2	3	4	5	NA
3. The session improved my ability to serve victims.	1	2	3	4	5	NA
4. The session improved my ability to reach underserved victims.	1	2	3	4	5	NA
5. The session improved my ability to collaborate with others.	1	2	3	4	5	NA
6. I have found the provided materials to be useful in my work.	1	2	3	4	5	NA
7. I have been able to apply what I learned in my work.	1	2	3	4	5	NA

8. Please explain how you have applied what you learned to your work, if applicable:

9. Have you done any of the following as a result of participating in this OVC TTAC session? **(Mark all that apply.)**

- | | |
|---|--|
| ☐ Share material with colleagues | ☐ Expand services to <i>new victim populations</i> |
| ☐ Refer colleagues to other OVC TTAC events/resources | ☐ Expand <i>types of services</i> offered to victims |
| ☐ Train/educate others in content/skills learned | ☐ Expand <i>capacity/frequency</i> of services to victims |
| ☐ Enact policy changes at my organization | ☐ Strengthen evaluation or needs assessment activities |
| ☐ Begin a new project or initiative | ☐ Network with other participants |
| ☐ Change my management, leadership, or interpersonal communication style | ☐ Identify/pursue new funding resources |
| ☐ Pursue additional professional development | ☐ Implement/change financial procedures |
| ☐ Develop/strengthen use of technology or infrastructure | ☐ Modify outreach/marketing activities |
| ☐ Develop/strengthen collaborative or strategic relationships | ☐ Develop/enhance vision, mission, or strategic plan |
| ☐ Other(s): _____ | ☐ Create a new military-civilian partnership |

Please explain in detail any of these activities: _____

10. Looking back, what aspects of the session were most helpful to you and why?

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 5 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at TTACEval@icfi.com or 9300 Lee Highway, Fairfax, VA 22031.

11. What could have been done differently to make the session more useful to you now?

12. Do you have any other comments or suggestions?

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