

Thank you for visiting the Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC) Website. 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.

1. How did you find out about this website? (Mark all that apply.)

- | | |
|---|--|
| ☐ Via an exhibit or presentation at a conference | ☐ Via the OVC TTAC call center |
| ☐ Via a link from another website/Searching the Internet | ☐ Via a colleague or friend |
| ☐ Via a professor | ☐ Via a publication or newsletter |
| ☐ Via my OVC program monitor or other OVC staff person | ☐ Other (please specify): _____ |

2. What was the goal of your visit today? (Mark all that apply.)

- | | |
|---|---|
| ☐ Learn about training or technical assistance opportunities | ☐ Learn about OVC TTAC |
| ☐ Request/apply for training or technical assistance | ☐ Learn more about victim services |
| ☐ Participate in one of the learning communities | ☐ Obtain contact information |
| ☐ Sign up for the listserv | ☐ Other (please specify): _____ |

3. Approximately how many times have you used/visited this site? (Mark one.)

- | | | |
|--|----------------------------------|---|
| ☐ This is my first time | ☐ Weekly | ☐ A few times per year |
| ☐ Daily | ☐ Monthly | |

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

OVERALL ASSISTANCE	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
4. It is easy to find the information I need on this site.	1	2	3	4	5	NA
5. It is easy to navigate the site.	1	2	3	4	5	NA
6. I was familiar with OVC TTAC before today's visit.	1	2	3	4	5	NA
7. The information on this site met my goals.	1	2	3	4	5	NA
8. I am satisfied with the content of the site.	1	2	3	4	5	NA
9. I am satisfied with the appearance of the site.	1	2	3	4	5	NA
10. I will return to this site for my training and technical assistance needs.	1	2	3	4	5	NA

11. What aspects of the website were most helpful and why?

12. What could be done differently to improve the website?

13. Do you have any other comments or suggestions?

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 10 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.

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

- | | | |
|---|--|--|
| ☐ Community-Based/Grassroots | ☐ Health/Mental Health Services | ☐ Military |
| ☐ Criminal Justice Agency | ☐ Human/Social Services | ☐ Research |
| ☐ Education | ☐ Legal Services | ☐ Other (please specify): |
| ☐ Faith-Based | ☐ Legislation/Policymaking | _____ |

15. Which types of victim services do **you** provide for crime victims in your current position? **(Mark all that apply.)**

- | | | |
|---|--|--|
| ☐ I do not provide direct services | ☐ Criminal Justice System | ☐ Notification |
| ☐ Child Care | ☐ Advocacy/Assistance | ☐ Transportation |
| ☐ Compensation/Restitution | ☐ Housing/Shelter | ☐ 24-Hour Hotline |
| ☐ Counseling | ☐ Information/Referral | ☐ Other (please specify): |
| ☐ Crisis Intervention | ☐ Medical/SANE/SART | _____ |

16. Which of the following **best** describes the number of years of experience you have in your current field of work? **(Mark one.)**

- | | | | |
|--|---------------------------------------|--|---|
| ☐ Less than 3 years | ☐ 3 to 5 years | ☐ 6 to 10 years | ☐ More than 10 years |
|--|---------------------------------------|--|---|

17. Which of the following **best** describes your primary role in your current position? **(Mark all that apply.)**

- | | | |
|---|---|--|
| ☐ Direct Delivery/Front Line Staff | ☐ Consultant/Trainer | ☐ Other (please specify): |
| ☐ Management/Administrative Staff | ☐ Volunteer | _____ |

18. Which of the following **best** describes the population you serve? **(Mark all that apply.)**

- | | |
|---|--|
| ☐ National | ☐ Local |
| ☐ State | ☐ Urban |
| ☐ Tribal | ☐ Rural |
| ☐ International, list country: _____ | ☐ Suburban |
| | ☐ Culturally specific populations(s): _____ |

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