

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 is in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icfi.com. NOTE: Please complete one form per requested session.

EVENT: _____ SESSION: _____
LOCATION: _____ DATE(S): _____
CONSULTANT/PRESENTER(S): _____
OVC TTAC COORDINATOR: _____

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

PLANNING AND DELIVERY	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
1. The application was easy to complete	1	2	3	4	5	NA
2. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
3. Discussions with OVC TTAC prior to the session helped to identify critical issues to be covered.	1	2	3	4	5	NA
4. OVC TTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4	5	NA
5. The consultant/presenter was easy to communicate with in planning for the session.	1	2	3	4	5	NA
6. I am satisfied with the overall planning of the session by OVC TTAC.	1	2	3	4	5	NA
7. The session clearly addressed the learning objectives.	1	2	3	4	5	NA
8. The session addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
9. The time allotted was adequate for the scope of material covered.	1	2	3	4	5	NA
10. The session was well organized and clear.	1	2	3	4	5	NA
11. The material was appropriate for participants' level of experience and knowledge.	1	2	3	4	5	NA
12. The resource materials (handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	NA
13. The consultant/presenter(s) demonstrated a comprehensive knowledge of the subject.	1	2	3	4	5	NA
14. The consultant/presenter(s) clearly and logically presented the content.	1	2	3	4	5	NA
15. The consultant/presenter(s) responded well to questions and comments.	1	2	3	4	5	NA
16. The consultant/presenter(s) created a respectful environment for participants	1	2	3	4	5	NA
17. The session met my goals.	1	2	3	4	5	NA
18. I am satisfied with the overall quality of the session.	1	2	3	4	5	NA

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.

OMB#: 1121-XXXX
Date of Expiration: XXXX



REQUESTER FEEDBACK

19. Would you recommend OVC TTAC to others? ☐ Yes ☐ No

20. Would you recommend the consultant/presenter(s) to others? ☐ Yes ☐ No

Please explain why.

21. What aspects of the session were most helpful and why?

22. What could be done differently to improve the session?

23. 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.