INTENSIVE TA
Participant Feedback

OVC TTAC
Office for Victims of Crime
Training & Technical Assistance Center

OMB#: 1121-XXXX
Date of Expiration: XXXX

In order to help the Office for Victims of Crime Training and Technical Assistance Center (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, including reporting all information in aggregate to avoid identifying information. Only members of the OVC TTAC Evaluation team have access to information that could identify respondents. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact TTACEval@icf.com.

Please provide your email address to enable us to track your engagement with OVC TTAC across offerings and your preferences/insights provided. You will be prompted to provide this same email address each time.

If you do not have an email address or prefer to use a unique identifier, create a username to be used and retained for future OVC TTAC evaluations. Username example: Provide your two-digit birth month, first initial, and middle initial (e.g., 08JD)

_____

As a result of this session, please rate your level of confidence in your ability to:

CONFIDENCE CAPACITY-BUILDING MEASURE: _____	**Very Low**	**Low**	**Somewhat Low**	**Somewhat High**	**High**	**Very High**
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6

KNOWLEDGE CAPACITY-BUILDING MEASURE: _____	**Very Low**	**Low**	**Somewhat Low**	**Somewhat High**	**High**	**Very High**
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6

SKILLS CAPACITY-BUILDING MEASURE: _____	**Very Low**	**Low**	**Somewhat Low**	**Somewhat High**	**High**	**Very High**
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6
[insert capacity-building objective].	1	2	3	4	5	6

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 20 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at TTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

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

PRESENTER/FACILITATOR 1: [Insert name]_____	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
The presenter's knowledge was appropriate for [*insert topic]*.	1	2	3	4	5	6
The presenter's expertise was appropriate for [*insert topic*].	1	2	3	4	5	6
The presenter delivered the content clearly and logically.	1	2	3	4	5	6
The presenter provided detailed/comprehensive responses to questions and comments.	1	2	3	4	5	6
The presenter created a respectful environment for participants.	1	2	3	4	5	6
The presenter's expertise enhanced the [select knowledge and/or skills] I learned.	1	2	3	4	5	6
PRESENTER/FACILITATOR 2: [Insert name]_____	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
The presenter's knowledge was appropriate for [insert topic].	1	2	3	4	5	6
The presenter's expertise was appropriate for [insert topic].	1	2	3	4	5	6
The presenter delivered the content clearly and logically.	1	2	3	4	5	6
The presenter provided detailed/comprehensive responses to questions and comments.	1	2	3	4	5	6
The presenter created a respectful environment for participants.	1	2	3	4	5	6
The presenter's expertise enhanced the [select knowledge and/or skills] I learned.	1	2	3	4	5	6
OVERALL FEEDBACK	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
The session/assistance addressed the critical issues related to the topic(s).	1	2	3	4	5	6
The time allotted was adequate for the scope of material covered.	1	2	3	4	5	6
The session/assistance was well organized and clear.	1	2	3	4	5	6
The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	6
The resource materials (e.g., handouts, audiovisuals, PowerPoints) enhanced the session/assistance.	1	2	3	4	5	6
The format of the session/assistance contributed to a positive learning environment.	1	2	3	4	5	6
The session/assistance increased my knowledge and/or practical skills related to the topic(s).	1	2	3	4	5	6
I will be able to apply what I learned in my work.	1	2	3	4	5	6
The session/assistance improved my ability to serve or support victims.	1	2	3	4	5	6
The session/assistance provided sufficient opportunity to network with others in the field.	1	2	3	4	5	6
The interactive features and/or activities (e.g. *example of interactive feature used in specific TTA inserted*) enhanced my experience.	1	2	3	4	5	6
The session/assistance met my professional needs.	1	2	3	4	5	6
The session/assistance met my educational needs.	1	2	3	4	5	6
I am satisfied with the overall quality of the session/assistance.	1	2	3	4	5	6

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

TTA ACTIVITY: _______________	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
TTA ACTIVITY: _______________	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
T/TA ACTIVITY: _______________	**Strongly Disagree**	**Disagree**	**Somewhat Disagree**	**Somewhat Agree**	**Agree**	**Strongly Agree**
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6
[insert TTA activity objective]	1	2	3	4	5	6

As a result of participating in this session/assistance, please rate your likelihood of doing any of the following:

FUTURE PLANS	**Very Unlikely**	**Unlikely**	**Somewhat Unlikely**	**Somewhat Likely**	**Likely**	**Very Likely**
[Insert skill/competency associated with identified learning objectives – up to 4]	1	2	3	4	5	6
Share material with colleagues.	1	2	3	4	5	6
Refer colleagues to other OVC or OVC TTAC events/resources.	1	2	3	4	5	6
Pursue additional professional development opportunities.	1	2	3	4	5	6
Develop/strengthen collaborative or strategic relationships.	1	2	3	4	5	6
Expand services to *new victim populations.*	1	2	3	4	5	6
Expand *types of services* offered to victims.	1	2	3	4	5	6
Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors).	1	2	3	4	5	6
Advocate or meet with organizational leadership to develop/enact policy changes at my organization.	1	2	3	4	5	6

Begin a new project or initiative.	1	2	3	4	5	6
Change my management, leadership, or interpersonal communication style.	1	2	3	4	5	6
Strengthen evaluation or needs assessment activities.	1	2	3	4	5	6
Network with other participants.	1	2	3	4	5	6
Write grants/fundraise/identify new funding resources.	1	2	3	4	5	6
Implement/change financial procedures.	1	2	3	4	5	6
Modify public awareness/advocacy/outreach activities for individuals who have experienced victimization and/or the community.	1	2	3	4	5	6
Advocate or meet with organizational leadership to develop/enhance vision, mission, or strategic plan.	1	2	3	4	5	6

Please specify any other actions you plan to take as a result of this session/assistance to better serve or support victims.

Do you anticipate experiencing significant challenges performing the activities you selected in the previous question? ☐ Yes ☐ No

Please explain your answer.

Would you recommend OVC TTAC to others who need training and/or technical assistance? ☐ Yes ☐ No

Please explain your answer.

What are the top three aspects of the session/assistance that were most helpful and why?

What could OVC TTAC do differently to improve similar sessions/assistance in the future?

Following this [TTA], how prepared do you feel to take steps toward [insert main TTA objective] in your organization?

1	2	3	4
Not At All Prepared	*Somewhat Prepared*	*Mostly Prepared*	*Completely Prepared*

Please indicate what aspects of the technical assistance were most helpful to achieving each objective.

	Learning Objective 1	Learning Objective 2	Learning Objective 3	Learning Objective 4
Element of Technical Assistance 1				
Element of Technical Assistance 2				
Element of Technical Assistance 3				
Element of Technical Assistance 4				

What could OVC TTAC do in the future to enhance your level of preparedness during this [type of TTA]?

What could OVC TTAC do in the future to enhance your level of preparedness following this [type of TTA]?

Was there sufficient time allotted to meet the goals of this technical assistance? Are there areas where you would have liked more time for input or development?

What additional resources, training events or topical areas would you like to see offered by OVC TTAC?

How has OVC TTAC training and technical assistance impacted you and/or your professional career?

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.