**TRAINING**
***Participant Feedback***

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

**OMB#: 1121-XXXX**
**Date of Expiration: XXXX**

*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, 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. Although this survey is completely voluntary, please note that completing this form is a* ***requirement*** *for receiving CEU credit. If you have any questions about this survey or the evaluation, please contact TTACEval@icf.com.*

**Please provide your e-mail 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 e-mail 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 training, 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 |

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***Which modules did you complete?***

| **Module** | **Yes** | **No** |
|---|---|---|
| 1. *Module X: Title* | 1 | 0 |
| 2. *Module X: Title* | 1 | 0 |
| 3. *Module X: Title* | 1 | 0 |
| 4. *Module X: Title* | 1 | 0 |

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

| **Module [X]: _____** | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Some what Agree** | **Agree** | **Strongly Agree** |
|---|---|---|---|---|---|---|
| As a result of this module, I can… | 1 | 2 | 3 | 4 | 5 | 6 |
| As a result of this module, I can… | 1 | 2 | 3 | 4 | 5 | 6 |
| The learning objectives for this module were clearly stated. | 1 | 2 | 3 | 4 | 5 | 6 |
| **Module [X]: _____** | **Strongly Disagree** | **Disagree** | **Somewhat Disagree** | **Some what Agree** | **Agree** | **Strongly Agree** |
| As a result of this module, I can… | 1 | 2 | 3 | 4 | 5 | 6 |
| As a result of this module, I can… | 1 | 2 | 3 | 4 | 5 | 6 |
| The learning objectives for this module were clearly stated. | 1 | 2 | 3 | 4 | 5 | 6 |

Did the instructor provide feedback on the mastery of the learning objectives to participants? ☐ Yes ☐ No

***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 training 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 training 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 training. | 1 | 2 | 3 | 4 | 5 | 6 |
| The format of the training contributed to a positive learning environment. | 1 | 2 | 3 | 4 | 5 | 6 |
| The training 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 training improved my ability to serve or support victims. | 1 | 2 | 3 | 4 | 5 | 6 |
| The training 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 training met my professional needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| The training met my educational needs. | 1 | 2 | 3 | 4 | 5 | 6 |
| I am satisfied with the overall quality of the training. | 1 | 2 | 3 | 4 | 5 | 6 |

Why did you take this training? **(Mark all that apply.)**

- ☐ Course requirement
- ☐ Job requirement
- ☐ Certification
- ☐ Personal learning/Professional development
- ☐ Other (please specify): _____

***As a result of participating in this training, 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 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 that were most helpful and why?

_____
_____
_____
_____

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

_____
_____
_____
_____

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?

**[OPTIONAL SECTION For Pilot/New Trainings]**

Did the training provide comprehensive coverage of the topic(s)? Please explain.

Was the content current and up-to-date? Please explain.

Was there anything else you would change about the modules' content? Please explain.

Was there anything you would change about any materials (videos, handouts, PowerPoints, etc.) used? Please explain.

Was the time allotted for each module appropriate? Please explain.

Was there enough time for discussion and questions? Please explain.

**[OPTIONAL SECTION For Pre-Training Assessment]**

What do you hope to achieve through the training? **(Mark all that apply.)**

- ☐ Learn about model/innovative/evidence-based services or programs
- ☐ Acquire knowledge and/or skills to improve my ability to meet the needs of victims
- ☐ Interact, network, and collaborate with others in the victim services field
- ☐ Acquire information that will help in my professional development
- ☐ Complete academic/continuing education credit requirements
- ☐ Other(s): _____

Of the items selected above, which one goal is the most important to you? _____

***Please read the questions below and select the best answer (multiple answers may be correct, but only one is the best answer). Please use only your own knowledge to answer the questions and do not look up answers in other resources. These questions will assess your knowledge coming into the training, and your responses help us to understand how attendees' knowledge changes after participating in the training.***

| **{INSERT TOPIC 1}** | |
|---|---|
| Question 1. | A. Option 1<br>B. Option 2<br>C. Option 3<br>D. Option 4 |
| **{INSERT TOPIC 2}** | |
| Question 2. | A. Option 1<br>B. Option 2<br>C. Option 3<br>D. Option 4 |
| **{INSERT TOPIC 3}** | |
| Question 3. | A. Option 1<br>B. Option 2<br>C. Option 3<br>D. Option 4 |
| **{INSERT TOPIC 4}** | |
| Question 4. | A. Option 1<br>B. Option 2<br>C. Option 3<br>D. Option 4 |
| **{INSERT TOPIC 5}** | |
| Question 5. | A. Option 1<br>B. Option 2<br>C. Option 3<br>D. Option 4 |

**Post-Training Assessment**

Did you accomplish any of the following through the training? (Mark all that apply.)

- ☐ Learn about model/innovative/evidence-based services or programs
- ☐ Acquire knowledge and/or skills to improve my ability to meet the needs of victims
- ☐ Interact, network, and collaborate with others in the victim services field
- ☐ Acquire information that will help in my professional development
- ☐ Complete academic/continuing education credit requirements
- ☐ Other(s):_____

Did the instructor provide feedback on the mastery of the learning objectives to participants? ☐ Yes ☐ No

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***Please read the questions below and select the best answer (multiple answers may be correct, but only one is the best answer). Please use only your own knowledge to answer the questions and do not look up answers in other resources. Your responses help us to understand how attendees' knowledge changes after participating in the training.***

| | |
|---|---|
| **{INSERT TOPIC 1}** | |
| 5. Question 1. | E. Option 1<br>F. Option 2<br>G. Option 3<br>H. Option 4 |
| **{INSERT TOPIC 2}** | |
| 6. Question 2. | E. Option 1<br>F. Option 2<br>G. Option 3<br>H. Option 4 |
| **{INSERT TOPIC 3}** | |
| 7. Question 3. | E. Option 1<br>F. Option 2<br>G. Option 3<br>H. Option 4 |
| **{INSERT TOPIC 4}** | |
| 8. Question 4. | E. Option 1<br>F. Option 2<br>G. Option 3<br>H. Option 4 |
| **{INSERT TOPIC 5}** | |
| 9. Question 5. | E. Option 1<br>F. Option 2<br>G. Option 3<br>H. Option 4 |

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