OVC TTAC RESOURCES
Feedback Form

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)

_____

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

OVERALL FEEDBACK	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	6
The information/assistance I received was clear and easy for me to understand.	1	2	3	4	5	6
The information/assistance I received will help me in my work.	1	2	3	4	5	6
The information/assistance I received met my professional goals.	1	2	3	4	5	6
I am satisfied with the information/assistance I received.	1	2	3	4	5	6
I will return to OVC TTAC for my training and technical assistance needs.	1	2	3	4	5	6
It is easy to find the information I need on this site.	1	2	3	4	5	6
The website is user-friendly and I was able to navigate through it with ease.	1	2	3	4	5	6
I was familiar with OVC TTAC before today's visit.	1	2	3	4	5	6
The information on this site met my professional needs.	1	2	3	4	5	6
I am satisfied with the content of the site.	1	2	3	4	5	6
I am satisfied with the appearance of the site.	1	2	3	4	5	6
I will recommend this [*resource/site*] to others.	1	2	3	4	5	6
The materials were well organized and clear.	1	2	3	4	5	6
The materials increase my knowledge/skills related to the topics.	1	2	3	4	5	6
The materials were appropriate for my level of experience and knowledge.	1	2	3	4	5	6
The materials were useful and relevant.	1	2	3	4	5	6
I am satisfied with the materials.	1	2	3	4	5	6

How did you first hear about *[OVC TTAC/ the OVC TTAC website]*?

- ☐ Exhibit or presentation at a conference
- ☐ Link from another website/Searching the Internet
- ☐ Professor
- ☐ OVC program monitor or other OVC staff person
- ☐ [*Insert other method*]
- ☐ Other (please specify): _____
- ☐ OVC TTAC Call Center
- ☐ Colleague or friend
- ☐ Publication or newsletter
- ☐ OVC TTAC website
- ☐ [*Insert other method*]

OVC TTAC RESOURCES
Feedback Form

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

OMB#: 1121-XXXX
Date of Expiration: XXXX

Why did you use/contact OVC TTAC? **(Mark all that apply.)**

- ☐ Request general information about OVC or OVC TTAC
- ☐ Learn about training or technical assistance opportunities
- ☐ Request/apply for training or technical assistance
- ☐ Sign up for the listserv
- ☐ Obtain a referral for direct services
- ☐ Other (please specify): _____
- ☐ Learn more about victim services
- ☐ Apply to be a consultant/trainer
- ☐ Obtain contact information
- ☐ Acquire help for technical problems
- ☐ Access online materials or training

Approximately how many times have you engaged with OVC TTAC in the last 12 months? **(Mark one.)**

- ☐ 1–3 times
- ☐ 4–6 times
- ☐ 7–9 times
- ☐ 10+ times

In general, how promptly was your request acknowledged? **(Mark one.)**

- ☐ Within 1 day
- ☐ Between 1 and 2 days
- ☐ Between 3 and 5 days
- ☐ Between 6 and 7 days
- ☐ After more than 7 days
- ☐ My request was not acknowledged

What OVC TTAC resource did you download or receive?

- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]

Which of the following **best** describes the reason you obtained these materials? **(Mark one.)**

- ☐ Personal use/assist a family member/friend
- ☐ For use in undergraduate coursework
- ☐ For use in graduate coursework
- ☐ To train colleagues/faculty/victim service providers
- ☐ To provide services to victims/perpetrators of crime
- ☐ For use in program development/operations
- ☐ Other (please specify): _____
  _____

Approximately how many times have you used this resource? **(Mark one.)**

- ☐ I have not used it yet
- ☐ 1 time
- ☐ 2–3 times
- ☐ 4–6 times
- ☐ 7+ times

How have you used the resource? **(Mark all that apply.)**

- ☐ For outreach efforts
- ☐ For protocol development
- ☐ In your work with clients
- ☐ To train others
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ [*Insert resource*]
- ☐ Other (please specify): _____

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

Please explain your answer.

_____

_____

OVC TTAC RESOURCES
Feedback Form

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

OMB#: 1121-XXXX
Date of Expiration: XXXX

What are the top three aspects of the *[information/assistance you received from Call Center/OVC TTAC website] [resource]* that were most helpful and why?

_____
_____
_____
_____

What could be done differently to improve similar *[OVC TTAC Call Center requests/website/resources]* in the future?

_____
_____
_____
_____

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

_____
_____
_____
_____

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.