REQUESTER 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 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 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

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

PLANNING AND DELIVERY	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The application was easy to complete.	1	2	3	4	5	6
OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	6
Discussions with OVC TTAC prior to the session helped to identify critical issues to be covered.	1	2	3	4	5	6
OVC TTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4	5	6
The consultant/presenter was easy to communicate with in planning for the session.	1	2	3	4	5	6
I am satisfied with the overall planning of the session by OVC TTAC.	1	2	3	4	5	6
The session 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 was well organized and clear.	1	2	3	4	5	6
The content was appropriate for participants' level of experience and knowledge.	1	2	3	4	5	6
The resource materials (e.g., handouts, audiovisuals, PowerPoints) enhanced the session.	1	2	3	4	5	6
The format of the session contributed to a positive learning environment.	1	2	3	4	5	6
The presenter's knowledge was appropriate for [insert topic].	1	2	3	4	5	6
The presenter's expertise was appropriate for [insert	1	2	3	4	5	6

topic].						
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
I am satisfied with the overall quality of the session.	1	2	3	4	5	6

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

Please explain your answer.

_____
_____
_____
_____
_____

Would you recommend the consultant/presenter(s) to others? ☐ 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?

_____
_____

_____

_____

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