

CONSULTANT FEEDBACK



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)

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

OVERALL FEEDBACK	Strongly Disagree	Disagree	Somewhat Disagree	Some what Agree	Agree	Strongly Agree
OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	6
Discussions with OVC TTAC helped me to identify critical issues and understand the needs of participants prior to the session.	1	2	3	4	5	6
OVC TTAC was thorough in the planning of the session(s).	1	2	3	4	5	6
OVC TTAC provided me with the necessary information and resources to help me adequately prepare for the session.	1	2	3	4	5	6
The time allotted for the session was adequate for the scope of material covered.	1	2	3	4	5	6
I am satisfied with my overall experience with OVC TTAC.	1	2	3	4	5	6

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Somewhat Disagree	Some what Agree	Agree	Strongly Agree
OVC TTAC respected my expertise about the topics covered.	1	2	3	4	5	6
This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	5	6
Participating in the TTA as a consultant enhanced my communication skills.	1	2	3	4	5	6
As a consultant for OVC TTAC, I have improved my leadership skills.	1	2	3	4	5	6
As a consultant for OVC TTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	5	6
Overall, participating as a consultant contributed to my professional development.	1	2	3	4	5	6

Would you recommend serving as a consultant for OVC TTAC to others?

☐ Yes ☐ No

Please explain your answer.

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@icf.com or 1920 Reston Metro Plaza, Reston, VA. .

Would you recommend OVC TTAC to others who need training and/or technical assistance?

☐ Yes

☐ No

Please explain your answer.

What obstacles or challenges, if any, did you encounter in the planning or delivery of the session(s)?

If you were involved in multiple sessions, please share if there were differences in your experience across the offerings in any of the areas discussed above.

Do you have any other comments or suggestions, such as insights about how to improve OVC TTAC's consultant network or OVC TTAC consulting experience?

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