PARTICIPANT FOLLOWUP

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

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
The session improved my ability to serve or support victims.	1	2	3	4	5	6
The provided materials have been useful in my work.	1	2	3	4	5	6
I have been able to apply what I learned in my work.	1	2	3	4	5	6
I am satisfied with the overall quality of the session.	1	2	3	4	5	6

Have you done any of the following as a result of participating in this OVC TTAC session? **(Mark all that apply.)**

OUTCOMES	Yes	No
[Insert skill/competency associated with identified learning objectives – up to 4]	1	0
Share material with colleagues.	1	0
Refer colleagues to other OVC or OVC TTAC events/resources.	1	0
Pursue additional professional development opportunities.	1	0
Develop/strengthen collaborative or strategic relationships.	1	0
Expand services to *new victim populations.*	1	0
Expand *types of services* offered to victims.	1	0
Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors).	1	0
Advocate or meet with organizational leadership to develop/enact policy changes at my organization.	1	0
Begin a new project or initiative.	1	0
Change my management, leadership, or interpersonal communication style.	1	0
Strengthen evaluation or needs assessment activities.	1	0
Network with other participants.	1	0
Write grants/fundraise/identify new funding resources.	1	0
Implement/change financial procedures.	1	0
Modify public awareness/advocacy/outreach activities for individuals who have experienced victimization and/or the community.	1	0
Advocate or meet with organizational leadership to develop/enhance vision, mission, or strategic plan.	1	0

Please specify any other actions you took as a result of this session to better serve or support victims.

_____

_____

_____

_____

Since the [*Insert TTA type*], what barriers have you faced in using the knowledge/skills gained? (**Mark all that apply.**)

- ☐ [*Insert barrier tailored to the specific T/TA 1 through 10*]
- ☐ Competing priorities
- ☐ Excluded from key decision-making opportunities
- ☐ Feeling undervalued or not perceived as a leader in my organization
- ☐ Frequent staff turnover
- ☐ Lack of accessible research and/or information
- ☐ Lack of authority to use new skills in current position
- ☐ Lack of information and/or data sharing among organizations
- ☐ Lack of information sharing among organizations
- ☐ Lack of senior leadership support
- ☐ Lack of shared responsibility across organizational collaborators
- ☐ Lack of support and accountability from frontline staff
- ☐ Lack of time to implement changes
- ☐ Lack of training for staff on how to implement change
- ☐ Lack of urgency
- ☐ Need for partnership building with other organizations

- ☐ Need to improve my own professional development skills
- ☐ Shortages of key personnel
- ☐ Variation in mission and regulatory frameworks when partnering with other organizations
- ☐ Other (please explain): _____

Please provide a brief explanation of how and/or why the barriers you selected above have impacted your ability to implement change.

_____
_____
_____
_____

What strategies, if any, have you identified to address the barriers above?

_____
_____
_____
_____

Looking back, what top three aspects of the session were most helpful to you and why?

_____
_____
_____
_____

What could have been done differently to make the session more useful to you now?

_____
_____
_____
_____

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.