

PRE-TRAINING SURVEY

In order to help the Office on Trafficking in Persons' National Human Trafficking Training and Technical Assistance Center (NHTTAC) 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 privacy of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact Evaluation@nhttac.org.

Please provide your email address to enable us to track your participation across NHTTAC offerings and your preferences/insights provided. You will be prompted to provide this same email address each time.

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In the questions beginning on page 2, we share competencies reflected in the [Insert NHTTAC T/TA type] goals and framework to establish (1) how important these competencies are to you, (2) changes in knowledge after going through [Insert NHTTAC T/TA type], and (3) changes in ability to apply skills after going through [Insert NHTTAC T/TA type]. We will ask you to rate importance of competencies, knowledge of competencies, and ability to apply skills related to competencies, on a scale from 1 (None) to 5 (High). Please use the following definitions to provide your ratings for importance, knowledge, and skills:

Importance of competencies:

- **None:** I am not aware of the competency and/or it is not applicable/important to my professional role.
- **Very Low:** This competency is important in very few aspects of my professional role.
- **Low:** This competency is important in some aspects of my work but not in most aspects of my professional role.
- **Medium:** This competency is important in many aspects of my professional role but not all aspects.
- **High:** This competency is important in nearly all aspects of my professional role.

Knowledge of competencies:

- **None:** I am not aware of the competency and/or have no knowledge of the competency.
- **Very Low:** I am aware of the competency, but I have little knowledge of the competency.
- **Low:** I understand some components of the competency but do not have a full understanding of most components.
- **Medium:** I understand most components of the competency.
- **High:** I have a full understanding of the competency.

Ability to apply skills related to competencies:

- **None:** I am not aware of the competency and/or have no ability to apply the competency.
- **Very Low:** I am aware of the competency, but I have little experience applying it in my professional role.
- **Low:** I can apply the competency in simple situations and require frequent guidance.
- **Medium:** I can apply the competency in somewhat difficult situations and require occasional guidance.
- **High:** I can apply the competency in considerably difficult situations and generally require little or no guidance.

Please rate the levels of importance, knowledge, and ability to apply skills for each of the following [Insert intensive T/TA type]competencies:

COMPETENCIES	None	Very Low	Low	Medium	High
[Insert Competency 1-50]					

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COMPETENCIES	None	Very Low	Low	Medium	High
Level of Importance and Knowledge of Competency					
[Insert sub-competency #1 through #50]					
Level of Importance	1	2	3	4	5
Knowledge	1	2	3	4	5
Ability to Apply This Skill					
[Insert sub-competency #1 through #50]	1	2	3	4	5

Please rate your level of confidence with the following skills, practices, and policies before participating in this program:

GUIDING PRINCIPLES	Not at All Confident	Very Confident
My ability to apply [Insert key principles of trauma-informed care #1-3] into my work.	1	8
My ability to apply [Insert person centered practices #1-3] into my work.	1	8
My ability to apply [Insert survivor-informed practices #1-3] into my work.	1	8
My ability to apply current [Insert evidence based or promising practices #1-3] into my work.	1	8
My ability to apply [Insert culturally and linguistically appropriate practices #1-3] into my work.	1	8
My ability to apply [Insert elements of a public health approach #1-3] to addressing human trafficking into my work.	1	8
My ability to apply [Insert multidisciplinary practices #1-3] into my work.	1	8

Please select the number that best represents your rating for each of the following questions.

How satisfied were you with the application and selection process for this program?

1	8
Very Dissatisfied	Very Satisfied

How satisfied were you with your preparedness to participate in [Insert intensive T/TA type]?

1	8
Very Dissatisfied	Very Satisfied

What could be done differently in the participant selection process for this program?

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

PLANNING	Strongly Disagree	Strongly Agree
NHTTAC was well organized in the planning of [Insert intensive T/TA type].	1	8
NHTTAC was flexible, responsive, and accommodating to my questions and needs.	1	8
NHTTAC helped me adequately prepare for the program.	1	8
NHTTAC prepared me to use the technology platforms necessary for participation in the T/TA (e.g., Mural, Zoom).	1	8
NHTTAC staff was detail-oriented and thorough in the planning of [Insert intensive T/TA type].	1	8
NHTTAC was timely throughout the planning process.	1	8
The planning for [Insert intensive T/TA type] was well coordinated.	1	8

What else would have been helpful in preparing for this program?

What obstacles or challenges, if any, did you encounter in the planning of [Insert intensive T/TA type]?

How prepared do you feel in implementing [Insert topic of T/TA] in your daily work?

What could be done differently to improve NHTTAC's support in the planning of [Insert intensive T/TA type]?

In your professional capacity, how frequently do you come into contact with individuals who have experienced trafficking or who have increased risk factors for trafficking?

1	8
Never	Daily

Do you have any other comments or suggestions?

Thank you for taking the time to complete this form and helping to improve [Insert NHTTAC/SOAR] activities.

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*Form***

ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons

National Human Trafficking
Training and Technical
Assistance Center

OMB Number: 0970-0519

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**INTENSIVE TRAINING
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STREAM FEEDBACK
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MID-STREAM SURVEY**

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

OVERALL TRAINING	Strongly Disagree	Strongly Agree
[Insert readiness measure for T/TA activity on competency #1-5 tailored to the specific individual or organization].	1	8

How can NHTTAC support you and your organization in developing your [Insert T/TA product] (e.g., overcoming challenges)?

Are there any topics you think should be covered in more depth to enable you to succeed with [Insert T/TA product]? Please explain.

What could be done differently to improve your experience so far with [Insert intensive T/TA type]?

How has/will the [Insert T/TA type] help your agency in responding to human trafficking? Please provide any examples of successes from this collaboration or challenges to what you may have intended/planned?

Briefly describe how you have applied what you learned through the [Insert T/TA type] (i.e., processes, policies, organizational change, organizational capacity)?

Thank you for taking the time to complete this form and helping to improve [Insert NHTTAC/SOAR] activities.

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POST-TRAINING SURVEY

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In the questions beginning on page 2, we share competencies reflected in the [Insert NHTTAC T/TA type] goals and framework to establish (1) how important these competencies are to you, (2) changes in knowledge after going through [Insert NHTTAC T/TA type], and (3) changes in ability to apply skills after going through [Insert NHTTAC T/TA type]. We will ask you to rate importance, knowledge, and ability to apply skills on a scale from 1 (None) to 5 (High). Please use the following definitions to provide your ratings for importance, knowledge, and skills:

Importance of competencies:

- **None:** I am not aware of the competency and/or it is not applicable/important to my professional role.
- **Very Low:** This competency is important in very few aspects of my professional role.
- **Low:** This competency is important in some aspects of my work but not in most aspects of my professional role.
- **Medium:** This competency is important in many aspects of my professional role but not all aspects.
- **High:** This competency is important in nearly all aspects of my professional role.

Knowledge of competencies:

- **None:** I am not aware of the competency and/or have no knowledge of the competency.
- **Very Low:** I am aware of the competency, but I have little knowledge of the competency.
- **Low:** I understand some components of the competency but do not have a full understanding of most components.
- **Medium:** I understand most components of the competency.
- **High:** I have a full understanding of the competency.

Ability to apply skills related to competencies:

- **None:** I am not aware of the competency and/or have no ability to apply the competency.
- **Very Low:** I am aware of the competency, but I have little experience applying it in my professional role.
- **Low:** I can apply the competency in simple situations and require frequent guidance.
- **Medium:** I can apply the competency in somewhat difficult situations and require occasional guidance.
- **High:** I can apply the competency in considerably difficult situations and generally require little or no guidance.

Please rate the levels of importance, knowledge, and ability to apply skills for each of the following [Insert T/TA type] competencies:

COMPETENCIES	None	Very Low	Low	Medium	High
[Insert Competency 1-50]					
Level of Importance and Knowledge of Competency					
[Insert sub-competency #1 through #50]					

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COMPETENCIES	None	Very Low	Low	Medium	High
<i>Level of Importance</i>	1	2	3	4	5
<i>Knowledge</i>	1	2	3	4	5
Ability to Apply This Skill					
[Insert sub-competency #1 through #50]	1	2	3	4	5

Please rate your level of confidence with the following skills, practices, and policies before participating in this program:

GUIDING PRINCIPLES	Not at All Confident	Very Confident
My ability to apply [Insert key principles of trauma-informed care #1-3] into my work.	1	8
My ability to apply [Insert person centered practices #1-3] into my work.	1	8
My ability to apply [Insert survivor-informed practices #1-3] into my work.	1	8
My ability to apply current [Insert evidence based or promising practices #1-3] into my work.	1	8
My ability to apply [Insert culturally and linguistically appropriate practices #1-3] into my work.	1	8
My ability to apply [Insert elements of a public health approach #1-3] to addressing human trafficking into my work.	1	8
My ability to apply [Insert multidisciplinary practices #1-3] into my work.	1	8

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

FACILITATOR 1:	Strongly Disagree	Strongly Agree
The facilitator's knowledge was appropriate for [Insert topic].	1	8
The facilitator's expertise was appropriate for [Insert topic].	1	8
The facilitator delivered the content clearly and logically.	1	8
The facilitator provided detailed/comprehensive responses to questions and comments.	1	8
The facilitator created an environment for humble and respectful reflection.	1	8
The facilitator encouraged and initiated helpful discussions.	1	8
The facilitator's coaching helped me develop a plan to implement [Insert topic].	1	8
The facilitator's coaching helped me implement [Insert topic].	1	8
The facilitator helped facilitate the right partnerships for me to accomplish my goals.	1	8
The facilitator encouraged me create a more comprehensive approach to implementing [Insert topic].	1	8
I felt like I had ample opportunity to actively participate in the learning process.	1	8
The facilitator's expertise enhanced the knowledge and skills I learned.	1	8

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The facilitator created space for discussion of personal and professional experiences and multiple viewpoints.	1	8
The facilitator used varied examples and facilitation strategies to ensure the content was relevant to me.	1	8
The facilitator used varied examples and facilitation strategies to ensure the content was relevant to my learning styles.	1	8
The facilitator offered opportunities for me to collaborate and contribute to decision making.	1	8
The facilitator used <i>[Insert competency to assess facilitator's knowledge/experience]</i> .	1	8
The facilitator used <i>[Insert competency to assess facilitator's knowledge/experience]</i> .	1	8
FACILITATOR 2:	Strongly Disagree	Strongly Agree
The facilitator's knowledge was appropriate for <i>[Insert topic]</i> .	1	8
The facilitator's expertise was appropriate for <i>[Insert topic]</i> .	1	8
The facilitator delivered the content clearly and logically.	1	8
The facilitator provided detailed/comprehensive responses to questions and comments.	1	8
The facilitator created an environment for humble and respectful reflection.	1	8
The facilitator encouraged and initiated helpful discussions.	1	8
The facilitator's coaching helped me develop a plan to implement <i>[Insert topic]</i> .	1	8
The facilitator's coaching helped me implement <i>[Insert topic]</i> .	1	8
The facilitator helped facilitate the right partnerships for me to accomplish my goals.	1	8
The facilitator encouraged me to create a more comprehensive approach to implementing <i>[Insert topic]</i> .	1	8
I felt like I belonged and had ample opportunity to actively participate in the learning process.	1	8
The facilitator's expertise enhanced the knowledge and skills I learned.	1	8
The facilitator created space for discussion of personal and professional experiences and multiple viewpoints.	1	8
The facilitator used varied examples and facilitation strategies to ensure the content was relevant to me.	1	8
The facilitator used varied examples and facilitation strategies to ensure the content was relevant to my learning styles.	1	8
The facilitator offered opportunities for me to collaborate and contribute to decision making.	1	8
The facilitator used <i>[Insert competency to assess facilitator's knowledge/experience]</i> .	1	8
The facilitator used <i>[Insert competency to assess facilitator's knowledge/experience]</i> .	1	8

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

NHTTAC STAFF [Insert staff role]:	Strongly Disagree	Strongly Agree
The [Insert T/TA-specific topic] process was effective.	1	8
The support provided by NHTTAC staff during the trainings was helpful.	1	8
The interim support and check-ins provided by NHTTAC staff between seminars were helpful.	1	8
The emotional support staff was responsive to my needs.	1	8
Communication with NHTTAC staff was clear and effective.	1	8
I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	8

OPTIONAL: *Please indicate the progress you have made toward implementing each T/TA plan goal.*

OVERALL T/TA PLAN GOALS	1 Not Planned	2 Planned, But Not Started	3 Began Implementation	4 Partial Implementation	5 Extensive Implementation
[Insert T/TA goal #1 through #5]					
[Insert grantee milestone #1 through #5]	1	2	3	4	5

Please rate the impact of NHTTAC T/TA on achieving your organization's goals:

1	2	3	4	5	6	7	8
No Impact			Moderate Impact				Profound and Enduring Impact

Please indicate the degree to which each of the following T/TA activities contributed to your organization accomplishing the T/TA plan goals.

T/TA ACTIVITIES	Poor	Excellent	Not Applicable
[Insert T/TA type #1-5]	1	8	N/A

Please explain your ratings:

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

OVERALL FEEDBACK	Strongly Disagree	Strongly Agree
The T/TA addressed the critical issues related to the topic(s).	1	8

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The time allotted was adequate for the scope of material.	1	8
The T/TA was clear and easy to understand.	1	8
The T/TA met my educational needs.	1	8
The T/TA met my professional needs.	1	8
The materials provided during this T/TA were useful.	1	8
The format of the T/TA contributed to a positive learning environment.	1	8
The T/TA was trauma informed.	1	8
The T/TA was culturally and linguistically appropriate.	1	8
I am confident the knowledge and skills that I learned will be useful for my practice and/or for my professional development.	1	8
I will be able to apply what I learned in my work.	1	8
The T/TA improved my ability to serve individuals who have experienced trafficking or who have increased risk factors for trafficking.	1	8
I felt like I was heard, my thoughts were valued, and I had ample opportunity to actively participate in the learning process.	1	8
The T/TA incorporated relatable connections to the topics.	1	8
The T/TA was a good way for me to learn the content.	1	8
The material was appropriate for my level of experience and knowledge.	1	8
The discussion questions enhanced my learning.	1	8
The activities provided appropriate and effective opportunities for active learning (e.g., case studies, discussion, Q&A, etc.).	1	8
The T/TA provided ample opportunity and encouragement for participants to interact with each other meaningfully.	1	8
I believe the [Insert T/TA activity] assisted my understanding and application of the tools for collaboration.	1	8
This T/TA prepared me to develop partnerships to implement [Insert topic].	1	8

Please select the number that best represents your rating of this T/TA for each of the following questions.

How satisfied were you with your overall NHTTAC experience?

1	8
<i>Very Dissatisfied</i>	<i>Very Satisfied</i>

Please rate the overall quality of this T/TA.

1	8
<i>Poor</i>	<i>Excellent</i>

How well did this T/TA meet your expectations?

1	8
<i>Was Far Below My Expectations</i>	<i>Exceeded My Expectations</i>

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How useful was this T/TA to your work?

1	8
<i>Not Useful</i>	<i>Very Useful</i>

How prepared do you feel in implementing what you learned from this T/TA in your daily work?

1	8
<i>Not At All Prepared</i>	<i>Very Prepared</i>

Please indicate the degree to which you anticipate doing any of the following as a result of participating in this T/TA:

FUTURE PLANS	Strongly Disagree	Strongly Agree
[Insert skill/competency associated with the specific T/TA 1 through 10]	1	8
Meet with the leadership of my organization to develop/enhance vision, mission, or strategic plan.	1	8
Meet with the leadership of my organization to develop/enact policy changes at my organization.	1	8
Integrate person-centered strategies.	1	8
Integrate survivor-informed strategies.	1	8
Integrate trauma-informed strategies.	1	8
Improve programs/practices.	1	8
Expand services or types of services for individuals who experience trafficking or have increased risk factors for trafficking.	1	8
Create relevant, usable, and trauma-informed resources or tools.	1	8
Create relevant, usable, and survivor-centered resources or tools.	1	8
Improve identification and reporting methods for trafficking.	1	8
Develop a leadership strategy to ensure all programs, policies, and procedures are survivor informed.	1	8
Engage experts who have experienced trafficking in research efforts from design to delivery.	1	8
Engage experts who have experienced trafficking in the development and delivery of educational materials on trafficking.	1	8
Conduct collaborative, community-based research in partnership with experts who have experienced trafficking.	1	8
Develop/strengthen collaborative or strategic relationships.	1	8
Build partnerships to better serve individuals who have experienced trafficking or who have increased risk factors for trafficking.	1	8
Begin a new project or initiative.	1	8
Provide information to clients/families/youth.	1	8
Improve technology/websites/infrastructure.	1	8

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Write grants/fundraise/identify new funding resources.	1	8
Conduct research.	1	8
Strengthen evaluation needs or needs assessment activities.	1	8
Raise public awareness and outreach activities offered to individuals who have experienced trafficking or who have increased risk factors for trafficking.	1	8
Change my management/leadership or interpersonal communication style.	1	8
Further develop skills and knowledge about serving individuals who have experienced trafficking or who have increased risk factors for trafficking.	1	8
Educate others in content/skills learned.	1	8
Network with other participants.	1	8
Share materials with colleagues.	1	8
Take additional training on human trafficking.	1	8
Refer colleagues to NHTTAC and OTIP events/resources.	1	8
Other (please specify):	1	8

Of the challenges listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? (**Mark all that apply.**)

- | | |
|--|--|
| ☐ [Insert challenge tailored to the specific T/TA 1 through 10] | ☐ Lack of senior leadership support |
| ☐ Competing priorities | ☐ Lack of shared responsibility across organizational collaborators |
| ☐ Difficulty establishing and/or maintaining a multidisciplinary team | ☐ Lack of time to implement changes |
| ☐ Lack of authority to make key decisions | ☐ Lack of training for staff on how to implement change |
| ☐ Feeling undervalued or not perceived as a leader in my organization | ☐ Lack of urgency |
| ☐ Frequent staff turnover | ☐ Need for partnership building with other organizations |
| ☐ Lack of support and accountability from frontline staff | ☐ Need to improve my own professional development skills |
| ☐ Lack of available research and/or information | ☐ Shortages of key personnel |
| ☐ Lack of authority to use new skills in current position | ☐ Variation in mission and regulatory frameworks when partnering with other organizations |
| ☐ Lack of information and/or data sharing among organizations | ☐ Other (please explain): _____ |

Would you recommend OTIP/NHTTAC to others to receive T/TA? ☐ Yes ☐ No

Please list any professional goals you have achieved through this T/TA.

How will this [Insert T/TA type] help your agency in responding to human trafficking?

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What are the top three aspects of this T/TA that were most helpful and why?

What are the top three ways [Insert T/TA type] improved your effectiveness as a leader?

How did working with the other T/TA recipients impact your training experience?

What were you able to achieve through [Insert T/TA type]? What facilitated your achievements (e.g., mentor, coach, community partner, skills learned through the T/TA)?

What are the most important skills or qualities NHTTAC should consider when selecting a [Insert *facilitator, consultant, mentor*] for similar T/TA efforts?

Were you paired with the appropriate [Insert *facilitator, consultant, mentor*]? Why or why not?

Overall, what are the program's strengths?

What could NHTTAC do differently to improve similar T/TA requests in the future?

How has NHTTAC T/TA impacted you and your professional career? Do you give permission for NHTTAC to include this quote in reports, or in other public-facing resources?

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Do you have any other comments or suggestions?

Thank you for taking the time to complete this form and helping to improve NHTTAC’s activities.

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