NATIONAL ADVISORY COMMITTEE FEEDBACK Protocol

example: 08 for August)

Please provide the information below to create an anonymous ID:

		
Birth Month	First letter of first name	First letter of your middle name
(insert just the month	(example: S for Sara)	(example: M for Maria)
for your date of birth,	_	_

- 1. In the past 12 months, how many NAC meetings have you participated in?
- 2. Please rate the quality of the NAC meeting(s) that you have attended.

1	2	3	4
Poor	Fair	Good	Excellent

3. Please rate the quality of the NAC webinar(s) that you have attended.

1	2	3	4
Poor	Fair	Good	Excellent

Please indicate how well the NAC has achieved the following objectives.

O	VERALL OBJECTIVES	Poor	Fair	Good	Excellent
4.	[Insert objective 1].	1	2	3	4
5.	[Insert objective 2].	1	2	3	4
6.	[Insert objective 3].	1	2	3	4
7.	[Insert objective 4].	1	2	3	4
8.	[Insert objective 5].	1	2	3	4

9. As a result of my involvement in the NAC, I made meaningful connections with other professionals in the field of human trafficking identification, prevention, and service provision.



NATIONAL ADVISORY COMMITTEE FEEDBACK Protocol

How would you describe the level of collaboration among NAC mem

	1	2	3	4
	Very weak	Weak	Strong	Very strong
11	How often would ve	u lika ta maat in	moreon with NAC	mambana?
11.	How often would yo	u like to meet in	person with NAC	members?
12.	How would human to	rafficking service	e provision be imp	acted if the NAC di
13.	Looking ahead, what be useful to member		ities can the NAC	undertake to furthe

Please indicate the extent to which you agree or disagree with the following statements about NHTTAC's contribution to the NAC:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. NHTTAC has been helpful in orienting new members to the NAC.	1	2	3	4	NA
15. There has been good communication between NHTTAC and the NAC.	1	2	3	4	NA
16. The information NHTTAC has shared with the public reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
17. NHTTAC has been supportive in meeting planning.	1	2	3	4	NA
18. NHTTAC has been helpful through their onsite meeting support.	1	2	3	4	NA

19.	Based on your i	nteractions with NHTTAC on the NAC, would you recommend NHTTAC to others to receive T/TA?
	□Yes	\square No

NATIONAL ADVISORY COMMITTEE FEEDBACK Protocol

20.	What do you think are t	he most important activiti	ies that the NAC should p	orioritize?	
			 		
21	DI 'I		4 NAC 1 :		
21.	Please provide any com	ments or suggestions on l	now the NAC can be imp	roved.	
22.	Is your agency responsi	ble for working with peop	ple who are currently being	ng trafficked or have bee	en trafficked?
	□ Yes □ No				
23.	In your professional caprisk of trafficking, or ha	pacity, how frequently do as been trafficked?	you come into contact w	ith a person who is curre	ently being trafficked, at
	1	2	3	4	
	Never	Occasionally	Frequently	All the Time	

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



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August) First letter of first name (example: S for Sara)

First letter of your middle name (example: M for Maria)

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

Ov	ERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1.	NHTTAC staff was responsive to my questions and needs.	1	2	3	4	NA
2.	The information/assistance I received was easy for me to understand.	1	2	3	4	NA
3.	The information/assistance I received was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
4.	The information/assistance I received was trauma-informed.	1	2	3	4	NA
5.	The information/assistance I received was survivor-informed.	1	2	3	4	NA
6.	The information/assistance I received was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
7.	The information/assistance I received reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
8.	The information/assistance I received will help me in my work.	1	2	3	4	NA
9.	The information/assistance I received met my professional needs.	1	2	3	4	NA
10.	The information/assistance I received met my educational needs.	1	2	3	4	NA
11.	I am satisfied with the information/assistance I received.	1	2	3	4	NA
12.	I will return to NHTTAC staff for my training and technical assistance needs.	1	2	3	4	NA

13. Please rate the <u>overall</u> quality of the assistance you received.

1	2	3	4
Poor	Fair	Good	Excellent



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14. Ho	w did you first hear about NHTTAC?		
	The NHTTAC Website An exhibit or presentation at a conference A link from another website/Searching the Internet A colleague or friend A publication or newsletter		person
15. H	ow often have you used NHTTAC in the last 12 month	s?	
			- 9 times + times
16. H	Toll-free number for Call Center		Email TTY Other (please specify):
	hy did you use/contact NHTTAC? (Mark all that app	oly.)	Other (piease specify).
	Obtain a referral for direct services Access online materials or training Join the listserv or mailing list Apply to be a consultant/trainer Obtain information on services for people who are c trafficked. Acquire help for technical problems on website Request or apply for assistance: □ Technical assistance □ Training Funding for a conference/event or speaker	urrently being	g trafficked, at risk of trafficking, or have been
18. Im	general, how promptly was your request(s) acknowled Within 24 hours □ Between Between 24-48 hours □ Between	en 3-5 days	☐ More than a week☐ My request was not acknowledged
19. W	ould you recommend NHTTAC to others to receive T	TA?	□ Yes □ No
20. D	o you have any other comments or suggestions?		
_	nich of the following best describes the organization in	_	
	Academic institution Anti-trafficking organization		1 &

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 5 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at <a href="https://www.nhttac.ni.nlm.nhttps://www.nhttac.nhttps://www.nhttac.nhttac.nhttps://www.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nhttac.nh



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		Federal government Faith-based organizatio	n			Survivor-led organiz Tribal government	cation
		State and local governm				Union/Worker advo	cacy organization
		Nonprofit/Community-		ion		Victim service provi	
		OTIP grantee	C			Other, please specify	
		Self-employed					
22		Which of the following be	st describes you	ır professiona	l capacity or typ	es of services you pro	vide? (Mark all that
		Behavioral health profe		-			tion, civil and/or rights-based
		psychiatrist, mental hea				attorney and/or para	9
		Child welfare (e.g., state		child welfare		_	icensure board, health
		contractor, nonprofit pe				_	alth care executive, community
		Corrections-based servi		-		health workers)	
		Criminal justice (e.g., la		, prosecutor,		_	case manager, school
	_	probation, court, forens		_	_	counselor, superviso	
		Educator (e.g., teacher,	professor, school	ol			ent, mentoring, or peer to peer
	_	administrator)		•		•	(e.g., Child abuse and neglect;
	Ш	Health care (e.g., physic					c violence, sexual violence,
		nurse practitioner, denti	-			youth violence)	\.
		Housing (e.g., case wor housing authority agence		ctor, public	Ц	Other (please specify	y):
	Is y □ Y	our organization respons Zes □ No	ible for working	g with people	who are current	ly being trafficked or	have been trafficked?
24.	Wh	ich of the following best	describes the n	umber of yea	rs of experience	you have in your curr	ent field of work? (Mark one.)
	□ I	Less than 3 years	□ 3 to 5 year	rs	□ 6 to 10 year	s □ More t	han 10 years
25.	Wh	ich of the following best	describes your	primary role	in your current p	position?	
	П	Direct delivery/frontline	staff	□ Consulta	int/Trainer	☐ Administration	
		Management Management	Starr	□ Volunte		☐ Peer Educator	
		Other (please specify): _			-	_1	
	_	(k ek)). —					
				ly do you cor	ne into contact v	vith people who are cu	arrently being trafficked, at risk
	01 t	rafficking, or have been	rafficked?				
		1	2		3	4	
		Never C	Occasionally	Freq	uently	All the Time	



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

27.	Which of the following best describes your geograp	hic popul	ation? (Mai	k all t	hat apply.)
	□ National □ State (please specify): □ Tribal □ International (please specify country):		Local Urban Rural Suburban		
28.	Please select any of the following populations you c	currently v	work with in	a profe	essional capacity (Mark all that apply.)
	 ☐ Human trafficking ☐ Commercial sexual exploitation of children ☐ Sex trafficking ☐ Adults ☐ Minors ☐ Labor trafficking ☐ Adults ☐ Minors ☐ Children/youth ☐ Out of home/Foster care/Kinship care 			Foreign immig	an, gay, bisexual, transgender, and ioning gn nationals (migrant workers, undocumented grants, refugees) e with low incomes land ethnic minorities American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White
20	☐ Juvenile justice ☐ Runaway/Homeless youth ☐ People with disabilities ☐ Deaf/Hearing impaired ☐ Elderly What is your race? (Mark all that apply.)			Dome Gang Sexua	Hispanic or Latino ethnicity ry of substance use estic and dating violence -related crime al abuse/Violence (Please specify):
27.	American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White Other (please specify):				
30.	What is your ethnicity? (Mark all that apply.) Hispanic or Latino Middle Eastern or North African Other (please specify):				
31.	What is your gender? (Mark all that apply.) Male Female Transgender Other (please specify):				

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

CONFERENCE SESSION FEEDBACK Protocol

example: 08 for August)



In order to help the 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 confidentiality 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 NHTTAC@icf.com..

CONFERENCE:		SESSION:	
DATE(S):			
PRESENTER(S):			
Please provide the information	ation below to create an anony	mous ID:	
Birth Month (insert just the month for your <i>date of birth</i> ,	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)	

Please rate how well the session met each of its stated objectives.

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

PR	ESENTER/FACILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6.	The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4	NA
7.	The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
8.	The presenter responded positively to questions and comments.	1	2	3	4	NA
9.	The presenter created a respectful environment for participants.	1	2	3	4	NA
10.	The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA

CONFERENCE SESSION FEEDBACK Protocol



PRESENTER/FACILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
The presenter's knowledge and expertise were appropriate for this session.		2	3	4	NA
12. The presenter delivered the content of the session clearly and logically.	1	2	3	4	NA
13. The presenter responded positively to questions and comments.	1	2	3	4	NA
14. The presenter created a respectful environment for participants.	1	2	3	4	NA
15. The presenter encouraged and initiated helpful discussions.	1	2	3	4	NA
CONFERENCE SESSION FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The session addressed the critical issues related to the topic(s).	1	2	3	4	NA
17. The session was well organized and clear.	1	2	3	4	NA
18. The session increased my knowledge related to the topic(s).	1	2	3	4	NA
19. The information presented in the session was grounded in current evidence-based research or promising practices.	n 1	2	3	4	NA
20. The information presented in the session was traumainformed.	1	2	3	4	NA
21. The information presented in the session was survivor-informed.	1	2	3	4	NA
22. The information presented in the session was grounded in a multidisciplinary approach to addressing human trafficking.	n 1	2	3	4	NA
23. The information provided in the session reflected a publ health approach to addressing human trafficking.	ic 1	2	3	4	NA
24. The session improved my ability to serve people who ar currently being trafficked, at risk of trafficking, or have been trafficked.	e 1	2	3	4	NA
25. The meeting space and use of technology provided a good learning environment.	od 1	2	3	4	NA
26. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
27. The education materials provided for this session were useful.	1	2	3	4	NA
28. I will share the information I learned at the session with my colleagues.	1	2	3	4	NA
29. The session increased my practical skills related to the topic(s).	1	2	3	4	NA
30. The session met my professional needs.	1	2	3	4	NA
31. The session met my educational needs.	1	2	3	4	NA
32. I will be able to apply what I learned in my work.	1	2	3	4	NA

CONFERENCE SESSION FEEDBACK Protocol



Please click the number that best represents your rating for this session for each of the following questions.

33.	Please rat	te the overal	<u>l</u> quality of this session.					
	1		2	3			4	
	Poe	or	Fair	Good			Excellent	
34.	How usef	ful was the s	session information to your	work?				
	1		2	3			4	
	Not U	seful	Somewhat Useful	Useful		1	Very Useful	
35.	As a resul	lt of particij	pating in this session, do you	ı plan to do any	of the fo	llov	wing? (Mark all that apply.)	
			agement/leadership or				evelop/strengthen collaborative or strategic	
			mmunication style				elationships	
			skills and knowledge about				etwork with other participants	
			currently being trafficked, at	risk of			hare materials with colleagues	
			we been trafficked				rovide information to clients/families/youth	
		_	draise/identify new funding				rain/educate others in content/skills learned	
	resou						aise public awareness/advocacy/outreach	
			et with leadership of my	. •			ctivities offered to people who are currently be	eing
	_		levelop/enhance vision, mis	sion, or			afficked, at risk of trafficking, or have been	
		egic plan					afficked	
			et with leadership of my levelop/enact policy change	a at my			efer colleagues to NHTTAC events/resources onduct research	
		nization to c	ieverop/enact policy change	s at my			trengthen evaluation or needs assessment	
	_		ns/practices				ctivities	
			ogy/websites/infrastructure				nprove identification and reporting methods for	or
			centered, survivor-informed	1			afficking	<i>J</i> 1
	strate		contered, survivor informed	•			ake additional training on human trafficking	
		-	or types of services				ther (please specify):	
			ject or initiative				, , , , , , , , , , , , , , , , , , ,	
36.				ve will be a sig ı	nificant	chal	llenge to performing the activities you selecte	ed i
	_	_	? (Mark all that apply.)					
			eadership support				eed for partnership building with other	
			support and accountability				ganizations	
		inuous turn					ariation in mission and regulatory frameworks	S
		tages of key	=				hen partnering with other organizations	
		peting prior					ack of information and/or data sharing among	
			earch and/or information		_		ganizations	
		of urgency		. 1			ack of time to implement changes	
			esponsibility across organiz	atıonal			ack of training for staff in how to implement	
		boration	11.1.				nange	
		culty in esta i-disciplinar	ablishing and/or maintaining y team	g a		Ot	ther (please explain):	
37	7. Would v	you recomn	nend NHTTAC to others for	T/TA?	□ Y (es	□ No	

CONFERENCE SESSION FEEDBACK Protocol



_			
0. I	Do you have any other comments or suggestions?		
1 W	Thich of the following best describes the organization in whi	ch vou wor	te? (Mark all that apply)
-1. v v	Academic institution		OTIP grantee
	Anti-trafficking organization		Self-employed
	Business/For-profit organization		Survivor-led organization
	Coalition/Multidisciplinary team/Task force		Tribal government
	Federal government		Union/Worker advocacy organization
	Faith-based organization		Victim service provider
	State and local government		Other, please specify:
	Nonprofit/Community-based organization		
2. V	Which of the following best describes your professional capa	acity or typ	es of services you provide? (Mark all that
2. V	Which of the following best describes your professional capa apply.) Behavioral health professional (e.g., psychologist,	acity or typ	es of services you provide? (Mark all that Housing (e.g., case worker, shelter director, publ
2. V	apply.)	_	
2. V	Behavioral health professional (e.g., psychologist,	_	Housing (e.g., case worker, shelter director, publicular authority agencies)
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Housing (e.g., case worker, shelter director, publicular authority agencies)
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Housing (e.g., case worker, shelter director, publicular housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic)
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation)		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor,		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, commun health workers) Social worker (e.g., case manager, school
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communication health workers) Social worker (e.g., case manager, school counselor, supervisor, administrator)
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator)		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communically workers) Social worker (e.g., case manager, school counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to pe
22. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator) Professional capacity/types of services, continued		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communically workers) Social worker (e.g., case manager, school counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to per Violence prevention (e.g., Child abuse and neglet
22. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator) Professional capacity/types of services, continued Health care (e.g., physician, physician assistant,		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communically workers) Social worker (e.g., case manager, school counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to pervise to provide the prevention (e.g., Child abuse and negle elder abuse; domestic violence, sexual violence,
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator) Professional capacity/types of services, continued		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communically workers) Social worker (e.g., case manager, school counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to perform the province of the
2. V	Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator) Professional capacity/types of services, continued Health care (e.g., physician, physician assistant,		Housing (e.g., case worker, shelter director, public housing authority agencies) Legal (e.g., immigration, civil and/or rights-base attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, communically workers) Social worker (e.g., case manager, school counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to pervise to provide the prevention (e.g., Child abuse and negle elder abuse; domestic violence, sexual violence,

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 NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

CONFERENCE SESSION FEEDBACK Protocol



44.	Wh	nich of the followi	ng best describes the nu	mber of years of experie	ence	e you have in your current field of work? (Ma	rk one.)
		Less than 3 years	\Box 3 to 5 year	rs	year	nrs □ More than 10 years	
45.	Wh	nich of the followi	ng best describes your p	orimary role in your curr	ent p	position?	
		Direct delivery/fr Management Other (please spe		☐ Consultant/Trainer☐ Volunteer		☐ Administration ☐ Peer Educator	
46.			capacity, how frequently e been trafficked?	do you come into conta	act w	with people who are currently being trafficked	, at risk
		1	2	3		4	
		Never	Occasionally	Frequently		All the Time	
47.	Wł	nich of the followi	ng best describes your g	geographic population? (Maı	rk all that apply.)	
		National		□ Local			
		State (please spec	cify):	□ Urb	oan		
		Tribal		□ Rui	ral		
		International (ple	ase specify country):	□ Sul	burb	oan	
48.	Ple	ase select any of t	he following population	s you currently work wi	th in	a professional capacity (Mark all that appl	y.)
		Human trafficki	_			Lesbian, gay, bisexual, transgender, and	
			ercial sexual exploitation	ı of	_	questioning	
		children				Foreign nationals (migrant workers, undocu	mented
		□ Sex tra	=			immigrants, refugees) People with low incomes	
			Adults			Racial and ethnic minorities	
		□ Labor t	Minors rafficking			☐ American Indian or Alaska Native	
			Adults			☐ Asian	
		П	Minors			☐ Black or African American	
		Children/youth	MIIIOIS			☐ Native Hawaii or other Pacific Isla	nder
	ш	•	home/Foster care/Kinshi	n care		□ White	
			e justice	peare		☐ Hispanic or Latino ethnicity	
			ay/Homeless youth			History of substance use	
		People with disa				Domestic and dating violence	
		Deaf/Hearing in				Gang-related crime	
		Elderly	•			Sexual abuse/Violence	
		-				Other (Please specify):	

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

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

DATE(S):	TRAINING/TECHNICAL ASSISTANCE (T/TA): DATE(S): NHTTAC COORDINATOR:								
Please provide the info	rmation below to create an	anonymous ID:							
Birth Month	First letter of first name	First letter of your middle name							
(insert just the month	(example: S for Sara)	(example: M for Maria)							
for your date of birth:									
08 for August)									

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

1. How satisfied were you with the overall quality of the support you received from NHTTAC staff to complete this T/TA?

	1	2	3	4
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
_				

2. How satisfied were you with your <u>overall</u> experience with NHTTAC staff?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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

O	VERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3.	NHTTAC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4.	NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5.	Discussions with NHTTAC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA
6.	NHTTAC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7.	The information developed or provided in the T/TA was based on current evidence-based research or promising practices.	1	2	3	4	NA
8.	The time allotted was adequate for the scope of material covered.	1	2	3	4	NA

NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX IG AND TECHNICAL Expiration Date: XX/XX/XXXX ASSISTANCE CENTER

9.	The information [developed for the T/TA] [provided to the participants] was survivor informed.	1	2	3	4	NA
10.	The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
11.	The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
12.	The T/TA was trauma informed.	1	2	3	4	NA

13.	What obstacles or cha	allenges, if any, did you end	counter in the planning or	delivery of this T/TA?
	0 0	s the training delivered? u feel for the delivery of th		panish
	1 Not At All Prepared	2 Somewhat Prepared	3 Mostly Prepared	4 Very Prepared

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

PROFESSIONAL DEVELOPMENT AND EXPERTISE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. NHTTAC respected my perspective about <insert topic=""></insert>	1	2	3	4	NA
17. This was an appropriate outlet for using my skill sets and knowledge.	1	2	3	4	NA
18. Participating in the T/TA as a consultant enhanced my communication skills.	1	2	3	4	NA
19. Participating in the T/TA strengthened my confidence to consult in future T/TA events.	1	2	3	4	NA
20. As a consultant for NHTTAC, I have improved my leadership competencies.	1	2	3	4	NA
21. As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.	1	2	3	4	NA
22. Overall, consulting for the T/TA contributed to my professional development.	1	2	3	4	NA

	competencies.		1	2	3	4	NA		
21.	As a consultant for NHTTAC, I have more opportunities to collaborate with other professionals in the field.		1	2	3	4	NA		
22.	Overall, consulting for the T/TA contributed to my professional development.		1	2	3	4	NA		
23.	Would you recommend others to be a consultant for NHTTAC?		Yes □	No					
24.	Would you recommend NHTTAC to others who need T/TA?		Yes □	No					
	Do you have any other comments or suggestions about how to in consulting experience??	prove	e the NH	TTAC's co	onsultant ne	etwork and	d/or NHTTAC		
	Paperwork Reduction Act Notice								

26.	What is your NHTTAC consultant category?	□ Survivor Impact	☐ Training/Technical Assistance (T/TA) Expert
27.	Which of the following best describes the organi	ization in which you work	? (Mark all that apply.)
	 □ Anti-trafficking organization □ Business/For-profit organization □ Coalition/Multidisciplinary team/Task f □ Federal government □ Faith-based organization □ State and local government □ Nonprofit/Community-based organization □ OTIP grantee 	Force	□ Self-employed □ Survivor-led organization □ Tribal government □ Union/Worker advocacy organization □ Victim service provider □ Academic institution □ Other (please specify):
28.	Is your organization responsible for working with \Box Yes		being trafficked or have been trafficked?
29.	Which of the following best describes your professional (e.g., psychology) psychiatrist, mental health/substance use coulogy. Child welfare (e.g., state agency staff, child contractor, nonprofit personnel) □ Corrections-based services (e.g., parole, professional justice (e.g., law enforcement, prosessional)	logist, unselor) welfare bation)	of services you provide? (Mark all that apply.) Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department staff, health care executive, community health workers) Social worker (e.g., case manager, school
	 probation, court, forensic interviewer) Educator (e.g., teacher, professor, school administrator) Health care (e.g., physician, physician assist 	ant,	counselor, supervisor, administrator) Survivor empowerment, mentoring, or peer to peer Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence,
	nurse practitioner, dentist, nurse, pharmacist ☐ Housing (e.g., case worker, shelter director, housing authority agencies)	<i>'</i>	youth violence) Other (please specify):
30.	In your professional capacity, how frequently do risk of trafficking, or has been trafficked?	you come into contact win	th a person who is currently being trafficked, at
	Never Occasionally	Frequently	Daily
31.	Which of the following best describes the number □ Less than 3 years □ 3 to 5 years	er of years of experience y	
32.	Which of the following best describes your print Direct delivery/Frontline staff Management Other (please specify):	nary role in your current po Consultant/Trainer Volunteer	osition? Administration Peer educator

		nich of the following best describes your geographic National	□ L			
		State (please specify):		Urba	n	
		Tribal		Rur		
		International (please specify country):		Sub		an
	Ш		П	Subi	uro	zan
34.	Ple	ease select any of the following populations you curr	rently wor	k with	ı in	a professional capacity. (Mark all that apply.)
		Human trafficking				Foreign nationals (migrant workers, undocumente
		☐ Commercial sexual exploitation of				immigrants, refugees)
		children				People with low incomes
		☐ Sex trafficking				Racial and ethnic minorities
		\Box Adults				☐ American Indian or Alaska Native
		□ Minors				□ Asian
		☐ Labor trafficking				☐ Black or African American
		\Box Adults				☐ Native Hawaii or other Pacific Islander
		\Box Minors				□ White
		Children/youth				☐ Hispanic or Latino ethnicity
		☐ Out of home/Foster care/Kinship care				History of substance use
		☐ Juvenile justice				Intimate partner violence (e.g., dating, domestic
		☐ Runaway/Homeless youth				violence)
		People with disabilities				Gang-related crime
		Deaf/Hearing impaired				Sexual abuse/Violence
		Elderly				Other (please specify):
		Lesbian, gay, bisexual, transgender, and questioning				
35.	Wł	nat is your race? (Mark all that apply.)				
		American Indian or Alaska Native]	Native Hawaii or other Pacific Islander
		Asian			1	White
		Black or African American			(Other (please specify):
36.	Wł	nat is your ethnicity? (Mark all that apply.)				
		Hispanic or Latino				
		Middle Eastern or North African				
		Other (please specify):				
37.	Wł	nat is your gender? (Mark all that apply.)				
		Male				
		Female				
		Transgender				
	П	Other (please specify):				

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

T/TA COORDINATION FEEDBACK

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

EVENT:	_	
DATE(S):	_	

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

TR	RAINING AND TECHNICAL ASSISTANCE (T/TA) FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	It was easy to work with NHTTAC.	1	2	3	4
2.	The T/TA aligned with OTIP's goals and priorities.	1	2	3	4
3.	Overall, this was an effective way to support the content and purpose of the meeting.	1	2	3	4
4.	NHTTAC collaborated with the necessary stakeholders to meet the objective(s) of the T/TA.	1	2	3	4
5.	The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
6.	The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4
7.	The T/TA was trauma informed.	1	2	3	4
8.	The T/TA was survivor informed.	1	2	3	4
9.	NHTTAC staff effectively responded to any obstacles or challenges surrounding the planning or implementation of the T/TA.	1	2	3	4
10.	The T/TA was based on current evidence-based research or promising practices.	1	2	3	4

Please indicate the extent to which the T/TA met each stated objective:

T/TA OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree
11. <insert learning="" objective=""></insert>	1	2	3	4
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
14. <insert learning="" objective=""></insert>	1	2	3	4
15. <insert learning="" objective=""></insert>	1	2	3	4

16.	What could NHTTAC have done differently to better support the objectives of the T/TA?	

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

FOCUS GROUP SUPPLEMENT



Date of Expiration: XX/XX/XXXX

Background

Please complete the following information to describe your demographics.

- All of the information you share with us today will be kept **CONFIDENTIAL**. What you say will not be identified with your name.
- This form is **OPTIONAL** and will only be used to help describe the types of people who participated in this focus group to help inform NHTTAC's training and technical assistance services.
- If you have any questions about this focus group or the project, please contact [insert point of contact].

1. W	hich of	f the following best describes the organization i	n which y	ou work? (Mark all that apply.)
		Academic institution		OTIP grantee
		Anti-trafficking organization		Self-employed
		Business/For-profit organization		Survivor-led organization
		Coalition/Multidisciplinary team/Task		Tribal government
		force		Union/Worker advocacy organization
		Federal government		Victim service provider
		Faith-based organization		Other (please specify):
		State and local government		
		Nonprofit/Community-based organization		
	-	organization responsible for working with peopled? No	le who are	e currently being trafficked or have been
		of the following best describes your professional apply.)	l capacity	or types of services you provide? (Mar
		Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
		Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Public health (e.g., licensure board, health department staff, health care executive, community health workers)
		Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement,		Social worker (e.g., case manager, school counselor, supervisor, administrator)
	Ш	prosecutor, probation, court, forensic interviewer)		Survivor empowerment, mentoring, or peer to peer
		Educator (e.g., teacher, professor, school administrator)		Violence prevention (e.g., child abuse and neglect, elder abuse, domestic
		Health care (e.g., physician, physician assistant, nurse practitioner, dentist,		violence, sexual violence, youth violence)
		nurse, pharmacist) Housing (e.g., case worker, shelter director, public housing authority agencies)		Other (please specify):

FOCUS GROUP SUPPLEMENT



Date of Expiration: XX/XX/XXXX

4.	In your professional capacity, how frequently do you come into contact with a person who is currently being
	trafficked, at risk of trafficking, or has been trafficked?

		1	2	3	4	
		Never	Occasionally	Frequently	Daily	
5.	Wł	hich of the following l	best describes the num	per of years of expe	erience you have in your o	current field of work?
		Less than 3 years	\Box 3–5 years	□ 6–10 yea	rs \square More than	10 years
6.	Wł	hich of the following l	best describes your prin	mary role in your c	urrent position?	
		Direct delivery/From Management Other (please specify		onsultant/Trainer olunteer		
7.	Wł	hich of the following l	best describes your geo	graphic population	? (Mark all that apply.)	
		National		□ I	Local	
		State (please specify	y):	□ Urban	i	
		Tribal		□ Rural		
		International (please	specify country):	□ Subur	ban	
8.		•	following populations y	ou currently work	with in a professional cap	eacity. (Mark all that
	ap	ply.)				
		Human trafficking			Foreign nationals (migr	ant workers,
			sexual exploitation of		undocumented immigra	
		children	•		People with low income	
		☐ Sex trafficki	ing		Racial and ethnic minor	rities
		□ Adu				n or Alaska Native
		□ Min			□ Asian	
		☐ Labor traffic	•		☐ Black or Africa	
						or other Pacific Islander
		☐ Min	ors		☐ White	in a selbani siter
	Ш	Children/youth Out of home	e/Foster care/Kinship care/	oro \Box	☐ Hispanic or Lat History of substance use	
		☐ Juvenile just	_	are \Box	Intimate partner violence	
		5	omeless youth	Ш	domestic violence)	c (c.g., dating,
	П	People with disabilit	•		Gang-related crime	
		Deaf/Hearing impair			Sexual abuse/Violence	
		Elderly			Other (please specify):	
		Lesbian, gay, bisexu questioning	al, transgender, and		· · · · · · · · · · · · · · · · · · ·	

FOCUS GROUP SUPPLEMENT



Date of Expiration: XX/XX/XXXX 9. What is your race? (Mark all that apply.)

		American Indian or Alaska Native
		Asian
		Black or African American
		Native Hawaii or other Pacific Islander
		White
		Other (please specify):
10.	Wh	nat is your ethnicity? (Mark all that apply.)
		Hispanic or Latino
		Middle Eastern or North African
		Other (please specify):
11.	Wh	nat is your gender? (Mark all that apply.)
		Male
		Female
		Transgender
		Other (please specify):

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

[Note: This guide contains a number of questions that might be selected for a typical focus group. It is not intended that a focus group would include all of these questions. Instead, this serves as a "bank" of focus group questions from which to choose depending on the nature and purpose of each particular focus group. Focus groups will last between 60 and 90 minutes.]

[Information for facilitator(s)] The purpose of this focus group is to learn more about how the National Human Trafficking Training and Technical Assistance Center (NHTTAC) can improve its services to better meet the training and technical assistance (T/TA) needs of the human trafficking and public health fields in order improve services and outcomes for individuals at risk of being trafficked and those who have been trafficked. This focus group can be conducted online or in person, and it can be tailored to specific topics, tools, resources, processes, or information needs. The information will be used to inform NHTTAC's T/TA services.

Preamble/Moderator's Opening Statements

Thank you very much for agreeing to participate in this focus group discussion. I'm [insert moderator name], and I will facilitate today's session. I am joined by [insert support staff and their role].

Each of you has been selected because you [insert specific reason for participation]. The information gathered in this focus group will be used to inform NHTTAC's services.

In a group interview like this, it is really important that you express yourself openly. There are no right or wrong answers. We want to know what you think. We are recording the session to ensure accuracy. However, your response will not be linked with your name or affiliation in any way. Everything will be anonymous. Recording will not start until after introductions.

Because we are recording, I may remind you occasionally to speak up and to talk one at a time so that I can hear you clearly when I review the session tapes. I am your moderator, but I want the interaction to flow among you.

Each time I ask a question, there is no need for everyone around the table to respond. However, it is important that a wide range of ideas is expressed. If you would like to add an idea, or if you have an idea that contrasts with those that have been aired, that's the time to jump into the conversation. You don't have to go in a circle. There is no such thing as "your turn." It's always your turn.

Before we get started with introductions, let's lay some ground rules for how today's discussion will operate. [Have standard ground rules for all groups, including restroom, timeframe, talking one at a time, respecting divergent opinions, having conversations stay in the room, etc., but also include additional ground rules for focus groups that involve survivors (including safe space)].

Are there any questions before we begin?

1. Introductions and ice breaker

Let's start with introductions. Please give us your first name only and [insert ice breaker question and encourage "popcorn style" responses by participants].

[The moderator should select questions from the following list that achieves the goals of the focus group. The number of questions should account for the number of participants and the amount of time scheduled for the focus group.]

2. General questions

- How satisfied were you with your overall NHTTAC/SOAR experience?
- How satisfied were you with the overall quality of support you received from NHTTAC/SOAR staff?
- How has working with NHTTAC/SOAR improved your [insert type of skill(s) related to training/event/tool objectives]?
- What were your expectations prior to [insert T/TA]?
 - o How well were these expectations met?
- What types of practical skills did you enhance by attending [insert event/training]?
- How well did [insert event/training/tool] meet [insert objectives ask about one objective at a time]?

3. How did you learn about the tool/resource/T/TA (e.g., SOAR e-guide)

- Where did you learn about this tool (training/conference/newsletter/website)? [If they mention anything specific, ask which one (e.g. which training, which conference, etc.)?]
- Where would you usually go to find this type of information, tool, or topic?
- Once you heard about it, was this tool easy to find? Is it accessible to everyone who might need it? If not, what should be changed?
- Is there a place to put this tool that users would find easier to locate?
- Are there other places you already go to get this information? What do you like about them? What do you dislike about them?

4. Appropriateness/comprehensiveness of information/content (may ask about tool overall or by module/component)

- How well did the information align with your expectations about what you wanted to see or were looking for? What was missing?
- Was the information too advanced/detailed or too basic?
- How is the information applicable to your work?
- Are there other topics that need tools similar to this one?
- How well did [insert event/training/tool] address culturally and linguistically appropriate services?
 - o What needs to be improved moving forward?
- In what ways has attending [insert type of technical assistance (SOAR for Communities, for example)] impacted organizational culture related to:

- Trauma-informed approaches
- Survivor-informed practices
- o Multi-disciplinary approach
- Prevention efforts
- o Identification of (or response to) people at risk of or currently being trafficked
- The utilization of evidence-based or promising practices or research

[Ask the group about each module, as needed—do they have experience with it? Is it appropriate? What were they expecting or looking for—and find out specific information about how it meets their needs or can be improved to do so.]

5. Ease of use of tools (such as e-guide, online SOAR trainings, etc.)

- How do you feel about the way the information is displayed on [insert tool, e.g., website, MyOTIP, state/territory profiles, etc.]?
 - O What do you like about it?
 - O What do you dislike?
- If it was difficult to use, how so?
- What would make it easier to use and understand?
- What about the layout, length, format, readability of the [web page/MyOTIP page]?
- Is the level of interactivity of the tool appropriate?
- Is the length of information about right?
- What do you think of the content layout (e.g., bullets vs. paragraphs)?
- [If this tool is designed to be used to train others] If instructions are provided, are they clear? Are they needed?
- Was the information/tool easy to understand and user friendly? How so? If it was difficult to use, how so?
- What future direction do you think we should take with this tool?

[If there are specific aspects of the tool where feedback is needed, visit those aspects and ask these questions for each aspect.]

6. Utility

- How was this [tool, training, meeting, etc.] helpful?
 - o How did you, or how would you, use the information/tool?
 - o If you won't use it, why not? What do you need that is not here?
- How was this [tool, training, meeting, etc.] not helpful?

- o How could this be improved? What was missing?
- How well does [insert specific objective, session title, etc.] align with the needs of your organization/community?

[If specific aspects of the tool require feedback, visit those aspects and ask these questions for each aspect.]

7. Preparedness

- What planning occurred prior to the incident(s)/event that made the response more effective?
- Which organizations/individuals participated in the planning process? What roles did they play?
- Who was missing from the planning process?
- What was most beneficial and challenging about the planning process?
- What would you recommend to others [doing similar planning for X event/incident]?
- Is/was a needs assessment conducted to [XX purpose]?

8. Communications

- Do you have any ideas for ways to support more information sharing between [organizations/groups/XX]?
- Do you have a way to reach out to other [organizations/groups/XX] when you have questions or need resources?
- How can communication be improved?

9. Use of technology (e.g., learning management system for SOAR)

• What protocols are/were in place and what role does/did technology play in [XX]? Is/was technology used to [XX]? What other technological strategies were used to aid [XX]?

10. Training and resources

- Has your [group, organization, XX] received any [training/resources/XX]? Where they useful? Why or why not?
- What impact has the [XX] had on the [group, organization, XX]?
- Can you think of any training you've attended that has been particularly useful? Which trainings have you found most useful to your [group, organization, XX]?

11. Successes and challenges/barriers

- Thinking about the integration of SOAR training into your organization's learning management system:
 - What were some of the successes?

- o What were some of the challenges?
- When you think of a "success" [XX], what comes to mind?
- How would you define success for the [XX]? Any promising strategies you would like to share?
- What would you do to make your [group, organization, XX] more "successful" at its work?
- What are the most difficult challenges for [XX]?
- Were there any gaps in services that impacted [XX]? What were they, and how were they addressed?
- What were the challenges to establishing [XX]? [convening the TA, subsequent response afterwards, timelines, identifying a location, participating agencies and organizations, communication]

12. Lessons learned and best practices

- Overall, based on your experience with [XX], what were the greatest lessons learned?
- What would you consider as best/promising practices? Why?
- What is the most important thing for other [communities, organizations, individuals, etc.] to know in [XX]?

13. Identified and anticipated technical assistance needs

- With a show of hands, how many of you would recommend NHTTAC to others to be a consultant?
 - What about working with NHTTAC do you see as beneficial?
 - What are some of the challenges in working as a consultant with NHTTAC?
- What additional trainings are needed related to [XX]?
 - What types of organizations/individuals/entities are best suited to receive this training?
 - What would you identify as your top five training needs?
- What additional technical assistance needs are related to [XX]?
 - What types of organizations/individuals/entities are best suited to receive this technical assistance?
- With a show of hands, how many of you would recommend NHTTAC to others to receive training?
 - What about the trainings do you see as beneficial?
- With a show of hands, how many of you would recommend NHTTAC to others to receive technical assistance?
 - What about the technical assistance do you see as beneficial?
- What could be improved for future activities?
- What is important for NHTTAC to know about the field's needs to address human trafficking?

• What additional topics would you like to be covered in future human trafficking trainings? [This could also be a question you ask to the group; if so, have them write their responses on notecards to collect.]

Closure

We have about 10 minutes left. As our discussion comes to a close, we would like to thank you for taking the time to speak with us today. The ideas you have discussed will be helpful for [insert purpose of focus group]. Do you have any additional comments, insights, or questions? If you have questions or concerns after you leave here today about your participation in this focus group, please contact [insert POC and provide contact information].

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out to obtain your feedback to learn about your experiences since receiving training and technical assistance (T/TA) [insert time frame] ago. 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 NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

T/TA		_	
		_	
Please provide the info	rmation below to create an	anonymous ID:	
F		·	
			
Birth Month	First letter of first name	First letter of your middle name	
	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)	
Birth Month (insert just the month for your date of birth:		•	

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

As	a result of [insert T/TA], I have	Strongly Disagree	Disagree	Agree	Strongly Agree
1.	<insert learning="" objective=""></insert>	1	2	3	4
2.	<insert learning="" objective=""></insert>	1	2	3	4
3.	<insert learning="" objective=""></insert>	1	2	3	4
4.	<insert learning="" objective=""></insert>	1	2	3	4
5.	<insert learning="" objective=""></insert>	1	2	3	4

6. As a result of participating in [insert T/TA], have you done any of the following? (Mark all that apply.)

Changed my management/leadership or interpersonal communication style	Integrated victim-centered, survivor-informed strategies
Further developed skills and knowledge about serving victims of trafficking	Expanded services or types of services
Wrote grants/fundraised/identified new funding resources	Began a new project or initiative Developed/strengthened collaborative or strategic relationships
Advocated or met with leadership of my organization to develop/enhance vision, mission, or strategic plan Advocated or met with leadership of my organization to develop/enact policy changes at my organization	Networked with other participants Shared materials with colleagues Provided information to clients/families/youth Trained/educated others in content/skills learned Raised public awareness/advocacy/outreach
Improved programs/practices Improved technology/websites/infrastructure	activities offered to victims Referred colleagues to NHTTAC events/resources Conducted research

FOLLOW-UP FEEDBACK

		Strengthened evaluation or needs assessment activities Improved identification and reporting methods for trafficking		Took additional training on human trafficking Other (please specify):
7.	Sin	ce [insert T/TA], what barriers have you faced in implementing cl	hange	e? (Mark all that apply.)
		Lack of senior leadership support		Lack of information and/or data sharing among
		Lack of frontline support and accountability		organizations
		Continuous turnover		Lack of time to implement changes
		Shortages of key personnel		Difficulty in establishing and/or maintaining a
		Competing priorities		multidisciplinary team
		Inaccessible research and/or information		Variation in mission and regulatory frameworks
		Lack of urgency		when partnering with other organizations
		Lack of shared responsibility across organizational		Lack of training for staff in how to implement
		collaboration		change
				Other (please explain):

Please indicate the extent to which you have used the following in your daily work

	Never	Occasionally	Frequently	Daily
8. <insert learning="" objective=""></insert>	1	2	3	4
9. <insert learning="" objective=""></insert>	1	2	3	4
10. <insert learning="" objective=""></insert>	1	2	3	4
11. <insert learning="" objective=""></insert>	1	2	3	4
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
14. <insert learning="" objective=""></insert>	1	2	3	4
15. <insert learning="" objective=""></insert>	1	2	3	4
16. <insert learning="" objective=""></insert>	1	2	3	4

17.	Was there anything not provided during [insert T/TA] that would have been helpful in implementing change?
18.	What aspect(s) of [insert T/TA] were most helpful to you?
19.	Would you recommend [NHTTAC][SOAR] T/TA to others? □ Yes □ No

20. Do you have any additional comments or suggestions for future [NHTTAC][SOAR]-related T/TA?

FOLLOW-UP FEEDBACK

21.	Is your organization respon	sible for working with pe	cople who are currently be	eing trafficked or have b	peen trafficked?
	□ Yes □ N	No			
22.	In your professional capacitrafficking, or has been traff		come into contact with a	a person who is being tr	afficked, at risk of
	1	2	3	4	
	Never	Occasionally	Frequently	Daily	

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

GENERAL CONFERENCE FEEDBACK Protocol

for your *date of birth*, example: 08 for August)

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

CONFERENCE TITLE:							
Please provide the information	Please provide the information below to create an anonymous ID:						
Birth Month (insert just the month	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)					

Please indicate how well the conference met each stated objective.

OVERALL OBJECTIVES	Poor	Satisfactory	Good	Excellent	Not Applicable
1. [Insert objective 1].	1	2	3	4	NA
2. [Insert objective 2].	1	2	3	4	NA
3. [Insert objective 3].	1	2	3	4	NA
4. [Insert objective 4].	1	2	3	4	NA
5. [Insert objective 5].	1	2	3	4	NA

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

Co	ONFERENCE FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6.	The conference addressed the critical issues related to the topic(s).	1	2	3	4	NA
7.	The conference was well organized and clear.	1	2	3	4	NA
8.	The conference increased my knowledge related to the topic(s).	1	2	3	4	NA
9.	The information presented in the conference was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
10.	The information presented in the conference was trauma-informed.	1	2	3	4	NA
11.	The information presented in the conference was survivor-informed.	1	2	3	4	NA

GENERAL CONFERENCE FEEDBACK Protocol



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12. The information presented in the conference was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
13. The information provided in the conference reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
14. The conference improved my ability to serve people at risk of or being trafficked.	1	2	3	4	NA
15. The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
16. I was satisfied with the overall conference facilities.	1	2	3	4	NA
17. The registration and logistics information were clear, helpful, and easily accessible.	1	2	3	4	NA
18. The format of the conference provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
19. The conference staff was professional, helpful, and informative.	1	2	3	4	NA
20. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
21. The education materials provided for this conference were useful.	1	2	3	4	NA
22. I will share the information I learned at the conference with my colleagues.	1	2	3	4	NA
23. The conference increased my practical skills related to the topic(s).	1	2	3	4	NA
24. The conference met my professional needs.	1	2	3	4	NA
25. The conference met my educational needs.	1	2	3	4	NA
26. I will be able to apply what I learned in my work.	1	2	3	4	NA

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

27. Please rate the <u>overall</u> quality of this conference.



28. How useful was the conference information to your work?



GENERAL CONFERENCE FEEDBACK Protocol



29.	As	a result of participating in this conference, do you plan to d	lo any of th	e following? (Mark all that apply.)
		Change my management/leadership or		Develop/strengthen collaborative or strategic
		interpersonal communication style		relationships
		Further develop skills and knowledge about serving		Network with other participants
		people who are currently being trafficked, at risk of		Share materials with colleagues
		trafficking, or have been trafficked		Provide information to clients/families/youth
		Write grants/fundraise/identify new funding		Train/educate others in content/skills learned
		resources		Raise public awareness/advocacy/outreach
		Advocate or meet with leadership of my		activities offered to people who are currently being
		organization to develop/enhance vision, mission, or		trafficked, at risk of trafficking, or have been
		strategic plan		trafficked
		Advocate or meet with leadership of my		Refer colleagues to NHTTAC events/resources
		organization to develop/enact policy changes at my		Conduct research
		organization		Strengthen evaluation or needs assessment
		Improve programs/practices		activities
		Improve technology/websites/infrastructure		Improve identification and reporting methods for
		Integrate victim-centered, survivor-informed		trafficking
		strategies		Take additional training on human trafficking
		Expand services or types of services		Other (please specify):
		Begin a new project or initiative		
		Lack of senior leadership support Lack of frontline support and accountability Continuous turnover Shortages of key personnel Competing priorities Inaccessible research and/or information Lack of urgency Lack of shared responsibility across organizational collaboration Difficulty in establishing and/or maintaining a		Need for partnership building with other organizations Variation in mission and regulatory frameworks when partnering with other organizations Lack of information and/or data sharing among organizations Lack of time to implement changes Lack of training for staff in how to implement change Other (please explain):
		multi-disciplinary team		(F).
		ould you recommend NHTTAC to others for T/TA? ease indicate any additional needs that you or your organiz	□ Your ration have	
33	. W	Thich of the conference sessions were most useful and why	?	
	_			

GENERAL CONFERENCE FEEDBACK Protocol



Do you have any other comments or suggestions?		
5. Which of the following best describes the organization in wh	nich you wor	rk? (Mark all that apply.)
☐ Academic institution		OTIP grantee
☐ Anti-trafficking organization		Self-employed
☐ Business/For-profit organization☐ Coalition/Multidisciplinary team/Task force		Survivor-led organization Tribal government
☐ Coalition/Multidisciplinary team/Task force☐ Federal government		Union/Worker advocacy organization
☐ Faith-based organization		Victim service provider
☐ State and local government		Other, please specify:
□ Nonprofit/Community-based organization	_	
☐ Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
 □ Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) □ Corrections-based services (e.g., parole, probation) 		Public health (e.g., licensure board, health department staff, health care executive, community health workers)
☐ Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)		Social worker (e.g., case manager, school counselor, supervisor, administrator)
☐ Educator (e.g., teacher, professor, school		Survivor empowerment, mentoring, or peer to pee
administrator)		Violence prevention (e.g., Child abuse and neglect
☐ Health care (e.g., physician, physician assistant,		elder abuse; domestic violence, sexual violence,
nurse practitioner, dentist, nurse, pharmacist)		youth violence)
☐ Housing (e.g., case worker, shelter director, public housing authority agencies)	Ц	Other (please specify):
		
Is your organization responsible for working with people who	are current	ly being trafficked or have been trafficked?

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 NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.

GENERAL CONFERENCE FEEDBACK Protocol



40.	Whi	ch of the	e follo	wing best describes your	pri	mary role in your curre	nt p	osition?
	□ N	/Ianagen	nent	/frontline staff pecify):		Consultant/Trainer Volunteer		□ Administration□ Peer Educator
41.				al capacity, how frequen ave been trafficked?	tly d	o you come into contac	ct w	ith people who are currently being trafficked, at risk
		1		2		3		4
		Never		Occasionally		Frequently		All the Time
42.	Whic	ch of the	e follo	wing best describes you	geo	ographic population? (N	Mar	k all that apply.)
	□ S □ T	ribal		ecify):lease specify country):	-	□ Local □ Urban □ Rural □ Suburl		
43.	Pleas	se select	any c	f the following population	ons y	ou currently work with	h in	a professional capacity (Mark all that apply.)
		Human		=				Lesbian, gay, bisexual, transgender, and questioning
			child		оп о			Foreign nationals (migrant workers, undocumented
				rafficking Adults				immigrants, refugees) People with low incomes
				Minors				Racial and ethnic minorities
			_	r trafficking				☐ American Indian or Alaska Native
				Adults				☐ Asian
				Minors				☐ Black or African American
		Children	1/yout	h				☐ Native Hawaii or other Pacific Islander
			Out	of home/Foster care/Kins	hip	care		□ White
				nile justice			_	☐ Hispanic or Latino ethnicity
				way/Homeless youth				History of substance use
		-		sabilities				Domestic and dating violence
			earing	impaired				Gang-related crime
		Elderly						Sexual abuse/Violence
								Other (Please specify):

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

NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX AND TECHNICAL Expiration Date: XX/XX/XXXX

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

TRAINING:	
DATE(S):	
CONSULTANT(S)/FACILITATOR(S):	

PRETRAINING EVALUATION

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name

(insert just the month

(example: S for Sara)

(example: M for Maria)

for your date of birth:

08 for August)

To what extent are you knowledgeable about:

		Not At All Knowledgeable	Somewhat Knowledgeable	Very Knowledgeable
1.	<insert learning="" objective=""></insert>	1	2	3
2.	<insert learning="" objective=""></insert>	1	2	3
3.	<insert learning="" objective=""></insert>	1	2	3
4.	<insert learning="" objective=""></insert>	1	2	3
5.	<insert learning="" objective=""></insert>	1	2	3

How prepared are you to teach others about:

		Not At All Prepared	Somewhat Prepared	Well Prepared
6.	<insert learning="" objective=""></insert>	1	2	3
7.	<insert learning="" objective=""></insert>	1	2	3
8.	<insert learning="" objective=""></insert>	1	2	3
9.	<insert learning="" objective=""></insert>	1	2	3
10.	<insert learning="" objective=""></insert>	1	2	3

POSTTRAINING EVALUATION

Please provide the information below to create an anonymous ID:						
Birth Month	First letter of first name	First letter of your middle name				
(insert just the month	(example: S for Sara)	(example: M for Maria)				
for your date of birth:						
08 for August)						

Please click the number that best represents how well this training met its stated objectives:

		Did Not Achieve This Objective	Somewhat Achieved This Objective	Achieved This Objective
1.	<insert learning="" objective=""></insert>	1	2	3
2.	<insert learning="" objective=""></insert>	1	2	3
3.	<insert learning="" objective=""></insert>	1	2	3
4.	<insert learning="" objective=""></insert>	1	2	3
5.	<insert learning="" objective=""></insert>	1	2	3

6. Overall, how well did this training meet your expectations?

1	2	3	4
Far Below My	Did Not Meet My	Met My	Exceeded My
Expectations	Expectations	Expectations	Expectations

7. How useful was the training to your work?

1	2	3	4
Not Useful	Somewhat Useful	Useful	Very Useful

8. Did you receive continuing education credits for completing this training? \Box Yes \Box No

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

FAC	CILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
	The knowledge and expertise of the facilitator were ppropriate for the training.	1	2	3	4	NA
10. T	The facilitator presented the content clearly and logically.	1	2	3	4	NA



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11.	The facilitator responded positively to questions and comments.	1	2	3	4	NA
12.	The facilitator created a respectful environment for participants.	1	2	3	4	NA
13.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FA	CILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14.	The knowledge and expertise of the facilitator were appropriate for the training.	1	2	3	4	NA
15.	The facilitator presented the content clearly and logically.	1	2	3	4	NA
16.	The facilitator responded positively to questions and comments.	1	2	3	4	NA
17.	The facilitator created a respectful environment for the participants.	1	2	3	4	NA
18.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
TR	AINING FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
19.	The format of the training contributed to a positive meeting environment.	1	2	3	4	NA
20.	The format of the training made it easy to ask questions and collaborate with other participants.	1	2	3	4	NA
21.	The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
22.	The training was organized and clear.	1	2	3	4	NA
23.	The training increased my knowledge related to the topic(s).	1	2	3	4	NA
24.	The training increased my practical skills related to the topic(s).	1	2	3	4	NA
25.	The training was survivor informed.	1	2	3	4	NA
26.	The training included current evidence-based or promising practices related to the topic(s).	1	2	3	4	NA
27.	The training reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
28.	The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
29.	The training was trauma informed.	1	2	3	4	NA
30.	I will be able to apply what I learned in my work.	1	2	3	4	NA
31.	The training improved my ability to serve people who are being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
32.	The meeting space and use of technology provided a good learning environment.	1	2	3	4	NA
33.	The training met my educational needs.	1	2	3	4	NA
34.	The training met my professional needs.	1	2	3	4	NA
35.	I will share the information I learned at the training with my colleagues.	1	2	3	4	NA



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Not At All Prepared Somewhat Prepared

Well Prepared

36. Please rate the overall quality of this training.

Improve programs/practices

Improve technology/websites/infrastructure

1	2	3	4
Poor	Fair	Good	Excellent

To what extent do you feel prepared to apply the following in your daily work:

37. <	<insert learning="" objective=""></insert>	1	2	3
38. <	<insert learning="" objective=""></insert>	1	2	3
39. <	<insert learning="" objective=""></insert>	1	2	3
40. <	<insert learning="" objective=""></insert>	1	2	3
41. <	<insert learning="" objective=""></insert>	1	2	3
42. If	you do not feel prepared to apply one or more of the objecti	ves above,	please briefly explain wh	y:
43. W	That are the three most important things you learned during the	e training?		
	hat could be done differently to improve the training? s a result of participating in this session, do you plan to do an	v of the fo	llowing? (Mark all that :	annly.)
	Change my management/leadership or interpersonal communication style		Integrate victim-centered strategies	
	Further develop skills and knowledge about serving victims of trafficking		Expand services or types Begin a new project or is	
	Write grants/fundraise/identify new funding resources		Develop/strengthen collarelationships	
	Advocate or meet with leadership of my		Network with other part	
	organization to develop/enhance vision, mission, or strategic plan		Share materials with col Provide information to c	leagues

Paperwork Reduction Act Notice

activities offered to victims

Conduct research

Refer colleagues to NHTTAC events/resources



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		Strengthen evaluation or needs assessment activities		Take additional training on human trafficking Other (please specify):
		Improve identification and reporting methods for trafficking		Other (prease speerly).
46.		the barriers listed below, which do you believe will be a signi previous question? (Mark all that apply.)	ficant	challenge to performing the activities you selected in
		Lack of senior leadership support	П	Difficulty in establishing and/or maintaining a
		Lack of frontline support and accountability		multidisciplinary team
		Continuous turnover		Variation in mission and regulatory frameworks
		Shortages of key personnel		when partnering with other organizations
		Competing priorities		Lack of information and/or data sharing among
		Inaccessible research and/or information		organizations
		Lack of urgency		Lack of training for staff in how to implement
		Lack of shared responsibility across organizational collaboration		change Other (please explain):
		Lack of time to implement changes		
47.	Wo	ould you recommend NHTTAC/SOAR to others for training?		□ Yes □ No
48.	Wł	nich of the following best describes the organization in which y	ou wor	k? (Mark all that apply.)
		Academic institution		OTIP grantee
		Anti-trafficking organization		Self-employed
		Business/for-profit organization		Survivor-led organization
		Coalition/multidisciplinary team/task force		Tribal government
		Federal government		Union/worker advocacy organization
		Faith-based organization		Victim service provider
		State/local government		Other (please specify):
		Nonprofit/community-based organization		
49.	Is y	your organization responsible for working with people who are	current	ly being trafficked or have been trafficked?
		Yes No		
50.	Wł	nich of the following best describes your professional capacity	or type:	s of services you provide? (Mark all that apply.)
		Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)		Housing (e.g., case worker, shelter director, public housing authority agencies)
		Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
		Corrections-based services (e.g., parole, probation)		Public health (e.g., licensure board, health
		Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)		department staff, health care executive, community health workers)
		Educator (e.g., teacher, professor, school administrator)		Social worker (e.g., case manager, school counselor, supervisor, administrator)
		Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)		Survivor empowerment, mentoring, or peer to peer



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		Violence prevention elder abuse; domes youth violence)	_		-		Other (please	e specify):
51.	Wh	nich of the following	best descr	ibes the number	er of years of o	experience	you have in yo	our current field of work?
		Less than 3 years		3–5 years		6–10 years		More than 10 years
52.	Wh	nich of the following	best descr	ibes vour prim	arv role in voi	ur current r	position?	
		Direct delivery/fron		• •	Consultant/t	•		Administration
		Management Other (please specif			Volunteer	rumer		Peer educator
53.		your professional cap c of trafficking, or ha			you come into	o contact w	ith a person w	ho is currently being trafficked, at
		1	2		3		4	
		Never	Occasio	onally	Frequentl	y	Daily	
54.	Wh	nich of the following	best descr	ibes your geog	graphic popula	tion? (Mar	k all that app	dy.)
		National				Local		
		State (please specif	v):			□ Urban		
		Tribal	J/					
		International (please	e specify c	ountry):		□ Suburb	an	
55.	Ple		following	populations yo	ou currently w	ork with in	_	capacity (Mark all that apply.)
		Human trafficking		1				onals (migrant workers, undocument
			al sexual e	exploitation of			immigrants, i	
		children	lein a				People with l	hnic minorities
		□ Sex traffic	_					erican Indian or Alaska Native
			dults					
			linors				☐ Asia	
		☐ Labor traf	_					ck or African American ve Hawaii or other Pacific Islander
			dults					
			linors				□ Whi	
		Children/youth	/F	/TZ: 1:				panic or Latino ethnicity
				care/Kinship ca	are		History of su	
		☐ Juvenile ju		. 41.				ner violence (e.g., dating, domestic
		☐ Runaway/		youth			violence)	
	Ц	People with disabil					Gang-related	
	Ц	Deaf/Hearing impa	irea				Sexual abuse	
		Elderly	.1 -	1			Otner (please	e specify):
		Lesbian, gay, bisex questioning	ual, transg	ender, and				
56	W١	questioning at is your race? (Ma	rk all that	annly)				
<i>,</i> 0.	▼¥ 1.	•						
		American Indian or	· Alacka N	ative				

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		Asian
		Black or African American
		Native Hawaii or other Pacific Islander
		White
		Other (please specify):
57.	Wh	at is your ethnicity? (Mark all that apply.)
		Hispanic or Latino
		Middle Eastern or North African
		Other (please specify):
58.	Wh	at is your gender? (Mark all that apply.)
		Male
		Female
		Transgender
		Other (please specify):

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

HTLA POST-PROGRAM FELLOW Protocol

In order to help the 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 confidentiality 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 Janine.Crossman@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month (insert just the month for your *date of birth*, example: 08 for August)

First letter of first name (example: S for Sara)

First letter of your middle name (example: M for Maria)

Please rate the extent to which to you agree or disagree that the fellowship program has helped you achieve the following objectives. This program has increased my...

OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1. [insert objective here].	1	2	3	4	NA
2. KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change.	1	2	3	4	NA
3. TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.	1	2	3	4	NA
4. NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.	1	2	3	4	NA
CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.	1	2	3	4	NA
6. SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.	1	2	3	4	NA

Please rate your level of confidence with the following after participating in this program:

SKILL DEVELOPMENT	Not at All Confident	Not Confident	Confident	Very Confident
7. My leadership ability.	1	2	3	4

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8. My skills and knowledge about trauma-informed practices.	1	2	3	4
My skills and knowledge about survivor-informed practices.	1	2	3	4
10. My skills and knowledge about current evidence-based or promising practices.	1	2	3	4
11. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4
12. My skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4
13. My connection to colleagues, professionals, and human trafficking experts.	1	2	3	4
14. My knowledge of human trafficking programs, nonprofits, government, and public health systems.	1	2	3	4
15. My ability to collaborate across human trafficking programs or initiatives.	1	2	3	4

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

NHTTAC STAFF:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16. The planning support provided by NHTTAC prior to the beginning of the fellowship program was helpful.	1	2	3	4	NA
17. The onsite support provided by NHTTAC during the inperson trainings was helpful.	1	2	3	4	NA
18. The interim support and check-ins provided by NHTTAC staff between seminars was helpful.	1	2	3	4	NA
19. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA
FACILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
20. The facilitator's knowledge and expertise were appropriate for this program.	1	2	3	4	NA
21. The facilitator responded positively to questions and comments.	1	2	3	4	NA
22. The facilitator created a respectful environment for participants.	1	2	3	4	NA
23. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FACILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
24. The facilitator's knowledge and expertise were appropriate for this program.	1	2	3	4	NA
25. The facilitator responded positively to questions and comments.	1	2	3	4	NA

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26. The facilitator created a respectful environment for participants.	1	2	3	4	NA
27. The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA

28. Please rate the overall quality of the HTLA.

1	2	3	4
Poor	Fair	Good	Excellent

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

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

OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
30. The time allotted was adequate for the scope of the initiative.	1	2	3	4	NA
31. The program was well organized.	1	2	3	4	NA
32. This program met my professional needs.	1	2	3	4	NA
33. This program met my educational needs.	1	2	3	4	NA
34. The materials provided during this program were useful.	1	2	3	4	NA
35. The format of the program contributed to a positive learning environment.	1	2	3	4	NA
36. The format of the program provided ample opportunity and encouragement for participants to interact meaningfully with each other.	1	2	3	4	NA
37. The content was trauma-informed.	1	2	3	4	NA
38. I am confident the knowledge and skills that I learned will be useful for my practice and/or for my professional development.	1	2	3	4	NA
39. I will be able to apply what I learned in my work.	1	2	3	4	NA
40. The program improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
41. This program will help me collaborate with various professionals across the human trafficking field.	1	2	3	4	NA
42. I will share the information I learned at the training with my colleagues and peers.	1	2	3	4	NA

43.	what are the t	op three ways	you improved yo	our effectivenes	ss as a leader?		

Paperwork Reduction Act Notice

HTLA POST-PROGRAM **FELLOW Protocol**

OVERALL QUALITY

or strategic plan

Fair

Good

Excellent

Not Applicable

Poor

Please rate the overall quality of each session of the Human Trafficking Leadership Academy:

44. H	HTLA Seminar 1	1	2	3	4	NA
45. I	HTLA Seminar 2	1	2	3	4	NA
46. I	HTLA Seminar 3	1	2	3	4	NA
47. I	HTLA Seminar 4	1	2	3	4	NA
48. V	What insights and experiences did you contribute to the otl	her fellows'	learning ex	xperiences	during the	program?
49. V	What contributions did the other fellows make toward your	r learning e	xperience?			
50. I	How did working with [grantees/survivors] impact your pr	rofessional o	experience?	,		
51. I	How has your professional network changed through partic	cipating in t				
			Met profes	ssionals th	nat I could do with	evelop a meaning
	Increased the number of professionals working to address human trafficking Increased the number professionals with similar		Met profes working re Met profes	ssionals the elationship ssionals th	nat I could do with	
	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical		Met profes working re Met profes friendship Met profes	ssionals the elationship ssionals the with ssionals w	nat I could do with nat I could do when the could do who are acqu	evelop a meaning
	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical area Met professionals that I could collaborate with in		Met profes working re Met profes friendship Met profes some of m Met profes	ssionals the elationship ssionals the with ssionals w ay other co	aat I could do with and I could do with and I could do who are acquilleagues and have skil	evelop a meaning
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52. I	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical area Met professionals that I could collaborate with in future endeavors Do you anticipate doing any of the following as a result of Change my management/leadership or interpersonal communication style	participatir	Met profes working re Met profes friendship Met profes some of m Met profes compleme Other (ple ng in this pr	ssionals the elationship ssionals the with ssionals way other cossionals the entary to make specific ogram? (Nor meet won to development)	nat I could do with hat I could do who are acquelleagues hat have skill hine have shill that ith leadershelop/enact po	evelop a meaning evelop a close aintances or know l-sets that are at apply.) ip of my olicy changes at a
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52. I	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical area Met professionals that I could collaborate with in future endeavors Do you anticipate doing any of the following as a result of Change my management/leadership or interpersonal communication style Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked	participatin	Met profes working re Met profes friendship Met profes some of m Met profes compleme Other (ple ng in this pr Advocate organization organization Improve p Integrate v	ssionals the elationship ssionals the with ssionals way other consciously the elationals the elationals the elationals the elationals the elationals the elationals of the elational elati	nat I could do with nat I could do with nat I could do who are acquelleagues nat have skillnine	evelop a meaning evelop a close aintances or know l-sets that are at apply.) ip of my olicy changes at a
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52. I	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical area Met professionals that I could collaborate with in future endeavors Do you anticipate doing any of the following as a result of Change my management/leadership or interpersonal communication style Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked Write grants/fundraise/identify new funding resources	participatin	Met profes working re Met profes friendship Met profes some of m Met profes compleme Other (ple ng in this pr Advocate organizatio organizatio Improve p Improve to Integrate v strategies Expand se	ssionals the elationship ssionals the with ssionals way other cossionals the entary to make specific or meet woon to develon or	at I could do with at I could do with at I could do who are acquelleagues at have skill hine by: Mark all the blop/enact per practices by websites/intered, survivitypes of servi	evelop a meaning evelop a close aintances or know l-sets that are at apply.) ip of my olicy changes at affrastructure vor-informed
52.11	Increased the number of professionals working to address human trafficking Increased the number professionals with similar professional goals Met professionals who are in my geographical area Met professionals that I could collaborate with in future endeavors Do you anticipate doing any of the following as a result of Change my management/leadership or interpersonal communication style Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked Write grants/fundraise/identify new funding	participatin	Met profes working re Met profes friendship Met profes some of m Met profes compleme Other (ple ng in this pr Advocate organization organization Improve p Improve to Integrate v strategies Expand se Begin a ne	ssionals the elationship ssionals the with ssionals way other cossionals the entary to make specification or meet woon to develon rograms/pechnology victim-centervices or the woroject	ant I could do with ant I could do with ant I could do who are acquelleagues and have skill nine by: Mark all the blop/enact performance or actices by websites/intered, survivitypes of server or initiative	evelop a meaning evelop a close aintances or know l-sets that are at apply.) ip of my olicy changes at a frastructure vor-informed

Paperwork Reduction Act Notice

relationships

□ Network with other participants

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HTLA POST-PROGRAM FELLOW Protocol



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	Share materials with colleagues		Conduct research
	Provide information to clients/families/youth		Strengthen evaluation or needs assessment
	Train/educate others in content/skills learned		activities
□ I	Raise public awareness/advocacy/outreach		Improve identification and reporting methods for
8	activities offered to people who are currently being		trafficking
	rafficked, at risk of trafficking, or have been		Take additional training on human trafficking
	rafficked		Other (please specify):
	Refer colleagues to NHTTAC events/resources		4 1 37
	Of the barriers listed below, which do you believe will be a n the previous question? (Mark all that apply.)	a significa	nt challenge to performing the activities you selecte
	Lack of senior leadership support		Difficulty in establishing and/or maintaining a
	Lack of frontline support and accountability		multi-disciplinary team
	Continuous turnover		Need for partnership building with other
	Shortages of key personnel		organizations
	Competing priorities		Variation in mission and regulatory frameworks
	Inaccessible research and/or information		when partnering with other organizations
	Lack of urgency		Lack of information and/or data sharing among
	Lack of shared responsibility across		organizations
	organizational collaboration		Lack of time to implement changes
	Improve my own leadership or professional		Lack of training for staff in how to implement
	development skills		change
			Other (please explain):
	ase list any other professional goals you have achieved thr	rough this	program:
6. Wł	nat else did you hope to achieve through participating in th	is progran	n?
57. O	verall, what are the program's strengths?		

HTLA POST-PROGRAM FELLOW Protocol



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58. W	hat could be done differently to improve the	ne program?	
59. W	hich of the following best describes the or	ganization in which you v	work? (Mark all that apply.)
	I am not associated with an organization Academic institution Anti-trafficking organization		Nonprofit/Community-based organization OTIP grantee Self-employed
	Business/For-profit organization Coalition/Multidisciplinary team/Task fo		Survivor-led organization Tribal government
	Federal government Faith-based organization State and local government		Union/Worker advocacy organization Victim service provider Other, please specify:
	hich of the following best describes your p	professional capacity or ty	pes of services you provide? (Mark all that
	Behavioral health professional (e.g.,		Housing (e.g., case worker, shelter director, public
	psychologist, psychiatrist, mental health/substance use counselor)		housing authority agencies) Legal (e.g., immigration, civil and/or rights-based
	Child welfare (e.g., state agency staff, ch	_	attorney and/or paralegal, clinic)
	welfare contractor, nonprofit personnel) Corrections-based services (e.g., parole, probation)		Public health (e.g., licensure board, health department staff, health care executive, communit health workers)
	Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic inte	erviewer)	Social worker (e.g., case manager, school counselor, supervisor, administrator)
	Educator (e.g., teacher, professor, school administrator)		Survivor empowerment, mentoring, or peer to pee Violence prevention (e.g., Child abuse and neglec
	Health care (e.g., physician, physician as	sistant,	elder abuse; domestic violence, sexual violence, youth violence)
	nurse practitioner, dentist, nurse, pharma		Other (please specify):
51. Is y	our organization responsible for working v	with people who are current	ntly being trafficked or have been trafficked?
	Yes □ No		
	ich of the following best describes the nun ark one.)	nber of years of experienc	e you have in your current field of work?
	Less than 3 years \Box 3 to 5 years	□ 6 to 10 years	s □ More than 10 years
	•	imary role in your current Consultant/Trainer Volunteer	position? Administration Peer Educator

Paperwork Reduction Act Notice

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64. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

	1		2	3			4	
	Never	•	Occasionally	Frequently		Ali	l the Time	
	Nation State Tribal	nal (please spec	ify):ase specify country):	□ Lo	Ocal Urban Rural			Not Applicable
66. Ple	ase sel	ect any of th	ne following populations y	ou currently w	ork with i	n a pı	rofessional capa	city (Mark all that apply.)
	Hur	nan traffick	ing	Ž		Lest	_	ual, transgender, and
		children	ial sexual exploitation of			Fore	•	nigrant workers, undocumented
		Sex traffic	-				ple with low inc	
		☐ Adult				_	ial and ethnic m	
							American Indi	an or Alaska Native
		Labor traf ☐ Adu	=				Asian	
		□ Adu					Black or Afric	an American
	Child	dren/youth	OIS				Native Hawaii	or other Pacific Islander
		-	me/Foster care/Kinship ca	are			White	
		Juvenile j	=	iic			Hispanic or La	atino ethnicity
			Homeless youth			Hist	ory of substance	e use
		le with disa	•			Don	nestic and dating	g violence
	_	/Hearing im				Gan	g-related crime	
	Elde	•	F 11-1-1			Sexu	ual abuse/Violer	nce
		J				Othe	er (Please specif	ÿ):
		rican Indian	Mark all that apply.) or Alaska Native					
	Black	or African	American					
			other Pacific Islander					
	White							
	Other	(please spe	cify):					
		your ethnici unic or Latin	ty? (Mark all that apply o	.)				
	_		r North African					
	Other	(please spe	cify):					

69. What is your gender? (Mark all that apply.)	
□ Male	
☐ Female	
☐ Transgender	
Other (please specify):	
0. 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.

HTLA FELLOW PRE-PROGRAM Protocol



In order to help NHTTAC better serve the field, we are reaching out to obtain your feedback <u>prior to the start of the fellowship program</u>. 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. Summary responses will only be shared to enhance the experience and leadership training program in the future.

Ple	ase provide the informa	tion below to create an anony	mous ID:
(ins	th Month sert just the month your <i>date of birth</i> , umple: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
1.	Have you received prior	leadership training?	
	□ Yes □ No		
	If yes, please provide a l	brief description (e.g., what you	u learned, when you received training, and the length of that training):
2.		one who you believe is an outst	tanding leader, and provide 2–3 examples of why. <i>To protect the etails</i> .
3.	Describe a recent experi		e you exercised leadership. To protect the privacy of others, please do
4.	What do you think is you	ur leadership style (i.e., support	tive, organized, action-oriented)?
5.	What are the top three w	rays you would like to improve	your effectiveness as a leader?

Please rate the importance to you for achieving each of the program's goals:

PR	OGRAM OBJECTIVES	Unimportant	Somewhat Important	Important	Very Important	Not Applicable
6.	[insert objective here].	1	2	3	4	NA
7.	KNOWLEDGE: Grow participant understanding of human trafficking programs, nonprofits, government, public health systems, and other processes and services that can help catalyze positive change.	1	2	3	4	NA
8.	TRUST: Increase the level of trust and reciprocity between survivors and the agencies and institutions committed to their success.	1	2	3	4	NA
9.	NETWORK: Cultivate a thriving leadership network of survivors and human trafficking professionals that work across organizational and geographic boundaries.	1	2	3	4	NA
10.	CONTRIBUTION: Create relevant and usable resources and tools that enhance trauma-informed and survivor-centered OTIP grant programming.	1	2	3	4	NA
11.	SKILLS: Empower emerging leaders with leadership skills and training to lead themselves and their communities forward.	1	2	3	4	NA

12.	What insights do you want to contribute to the other fellows' learning experiences during the program?
13.	What contributions are you hoping the other fellows will make toward your learning experience?

Please rate your level of confidence with the following:

SKILL DEVELOPMENT	Not at All Confident	Somewhat Confident	Confident	Very Confident
14. [insert leadership skill here].	1	2	3	4
15. [insert leadership skill here].	1	2	3	4
16. [insert leadership skill here].	1	2	3	4

HTLA FELLOW PRE-PROGRAM Protocol



17. [insert leadership skill here].	1	2	3	4
18. [insert leadership skill here].	1	2	3	4
19. My skills and knowledge about trauma-informed practices.	1	2	3	4
20. My skills and knowledge about survivor-informed practices.	1	2	3	4
21. My skills and knowledge about current evidence-based or promising practices.	1	2	3	4
22. My skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. My skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4
24. My connection to colleagues, professionals, and human trafficking experts.	1	2	3	4
25. My knowledge of human trafficking programs, nonprofits, government, and public health systems.	1	2	3	4
26. My ability to collaborate across human trafficking programs or initiatives.	1	2	3	4

27.	Please list any other professional goals you have for participating in this program:						
28.	What do you anticipate will be your greatest challenge in the Human Trafficking Leadership Academy (HTLA) fellowship program?						
29.	Have you participated in survivor-informed training or curriculum previously? □ Yes □ No						
	If yes, please explain:						
30.	Have you participated in anti-trafficking initiatives prior to this program? □ Yes □ No						

If yes, please explain:

HTLA FELLOW PRE-PROGRAM Protocol

31.	FOR SURVIVORS: F write "N/A."	How was your experience	engaging with grantees	s prior to this leadership trainin	g? If not applicable,
32.	FOR GRANTEES: Ho applicable, write "N/A.		ngaging with survivors a	s professionals prior to this leade	ership training? <i>If no</i>
33.	What do you see as the	greatest barriers to leader	ship development for su	rvivors of human trafficking?	
34.	What opportunities will	this leadership training p	rovide you with in the fu	iture?	
35.	How do you think this l	eadership training will im	npact the human trafficki	ng field?	
		at best represents your ran			
	1	2	3	4	
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	
7.	How satisfied were you	with your preparedness t	o participate in the progr	am when you were invited by N	IHTTAC?
	1	2	3	4	
	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	
38.	What could be done dif	ferently in the participant	selection process for thi	s program?	
39.	How many times have \underline{y}	you interacted with NHT7 □ 4–5	TAC staff in preparation □ 6 +	for this program?	

PLANNING OF THE PROGRAM

Disagree

2

2

Agree

3

3

Strongly

Agree

4

4

Not

Applicable

NA

NA

Strongly

Disagree

1

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

40. NHTTAC was well organized in the planning of the HTLA.

41. NHTTAC was responsive to my questions and needs.

41. Will TAC was responsive to my questions and r	iccus.	1	<u> </u>	3	7	11/71		
42. NHTTAC provided me with the necessary infor resources to help me prepare for the program.	mation and	1	2	3	4	NA		
43. NHTTAC helped me adequately prepare for the	program.	1	2	3	4	NA		
44. How can NHTTAC [and insert consultants, if applicable] help support you in achieving your goals for this program?								
45. What else would have been helpful in preparing to	for this progran	m?						
46. What obstacles or challenges, if any, did you enc	ounter in the p	lanning of the H	ITLA?					
47. What could be done differently to improve NHT	ΓAC's support	in the planning	of the HTLA?					
48. In your professional capacity, how frequently do risk of trafficking, or has been trafficked?	you come into	contact with a p	person who is c	urrently b	eing traffick	ed, at		
1 2	3		4					
Never Occasionally	Freque	ntly	Daily					
49. Is your organization responsible for working with people who are currently being trafficked or have been trafficked? □ Yes □ No □ N/A								
50. How does your agency currently provide survivo	r-informed ser	vices?	N/A					

HTLA FELLOW PRE-PROGRAM Protocol

51.	Do you have any other comments or suggestions?					

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

INTERVIEW GUIDE



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

[Note: This protocol lists a number of questions that might be selected for a typical interview. It is not intended that an interview would include all of these questions. Instead, this serves as a "bank" of questions from which to choose depending on the nature of each interview. The interview will typically last between 30–60 minutes.]

[Information for the Interviewer(s)] The purpose of this interview is to learn more about how the National Human Trafficking Training and Technical Assistance Center (NHTTAC) can improve its services to better meet the needs of training and technical assistance (T/TA) providers and the field and improve services and outcomes for persons at risk of or who have been trafficked. This interview can be conducted virtually (online or phone) or in person, and it can be tailored to specific topics, tools, resources, processes, or information needs. The information will be used to inform NHTTAC's T/TA services.

T/TA:	
DATE(S):	
INTERVIEWER AND NOTE TAKER:	
INTERVIEWEE:	

Thank you for agreeing to participate in this interview. I'm [insert name], and I will facilitate the interview today. I am joined by [insert support staff], and s/he will be taking notes.

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we would like to obtain your feedback since receiving training and technical assistance (T/TA). Participating in this interview is voluntary; you may end the interview at any time and choose not answer questions. 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 NHTTAC Evaluation Team have access to information that could identify respondents.

Before we get started, do you have any questions about this interview?

- 1. How satisfied were you with your overall NHTTAC/SOAR experience?
- 2. How satisfied were you with the overall quality of support you received from NHTTAC/SOAR staff?
- 3. How has working with NHTTAC/SOAR improved your [insert type of skill(s) related to training/event/tool objectives]?
- 4. What were your expectations prior to [insert T/TA activity]?
- 5. How well were these expectations met?
- 6. Identify three things you [plan to do or change] [did] as a result of the [insert T/TA] you received. Please be as specific as you can (e.g., actions or changes in policy, practice, procedures, or programming).
- 7. What barriers [do you anticipate facing] [have you experienced] in [insert response from previous question]?
- 8. Was there anything not provided by [insert T/TA] that would have been helpful in [insert outcome]?
- 9. What aspect(s) of the training or technical assistance were most helpful to you, and why?

INTERVIEW GUIDE



- 10. What aspect(s) of the training or technical assistance were least helpful to you, and why?
- 11. How could [reference answers from previous question] be improved?
- 12. At the completion of [insert T/TA], did you have specific action steps or a strategic plan?
- 13. How well did these action steps align with the needs you identified prior to the training?
- 14. How confident did you feel in your ability to implement these action steps?
- 15. How supported did you feel by NHTTAC staff in implementing these action steps?
- 16. [3, 6, etc.] months later, in what ways have you implemented your action steps/strategic plan?
- 17. Reflecting back, what would have changed about your action steps/strategic plan?
- 18. How do you think you will continue to apply what you have learned through this [insert T/TA]?
- 19. Have you changed any policies at your organization? Any practices?
- 20. Have you attended any additional trainings or events related to the [T/TA] you attended previously?
- 21. Would you recommend NHTTAC/SOAR trainings to others?
- 22. Has your organization proposed or changed policies pertaining to human trafficking since [insert T/TA]?
- 23. How has your professional networking or peer support changed since [insert T/TA]?
- 24. How has your access to resources on preventing and identifying human trafficking changed since [*insert T/TA*]?
- 25. Do you have any additional comments or suggestions that you would like to share about [insert T/TA]?
- 26. Do you have any comments or suggestions for future NHTTAC/SOAR-related trainings?

This concludes our interview. Thank you for taking the time to speak with us and for helping to improve NHTTAC/SOAR activities.

Expiration Date: XX/XX/XXXX

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

DATE(S):	ESENTER(S):		
Please provide the info	rmation below to create an	anonymous ID:	
Birth Month	First letter of first name	First letter of your middle name	
(insert just the month	(example: S for Sara)	(example: M for Maria)	
for your date of birth:			
08 for August)			

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

O	ERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1.	The training addressed the learning objectives clearly.	1	2	3	4	NA
2.	The training addressed the critical issues related to the topic(s).	1	2	3	4	NA
3.	The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
4.	The training was well organized and clear.	1	2	3	4	NA
5.	The [material] [strategic planning] was appropriate for my level of experience and knowledge.	1	2	3	4	NA
6.	The resource materials (handouts, audiovisuals, PowerPoints) enhanced the training.	1	2	3	4	NA
7.	The training increased my knowledge related to the topic(s).	1	2	3	4	NA
8.	The training increased my practical skills related to the topic(s).	1	2	3	4	NA
9.	I will be able to apply what I learned in my work.	1	2	3	4	NA
10.	The training improved my ability to identify people who are being trafficked, at-risk of trafficking, or have been trafficked.	1	2	3	4	NA
11.	The training was survivor informed.	1	2	3	4	NA
12.	The training provided sufficient opportunity to network with others in the field.	1	2	3	4	NA
13.	The training was trauma informed.	1	2	3	4	NA
14.	The training content was based on current evidence-based research or promising practices.	1	2	3	4	NA

Paperwork Reduction Act Notice

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15. The small group activities enhanced my experience.	1	2	3	4	NA
16. The training met my professional needs.	1	2	3	4	NA
17. The training met my educational needs.	1	2	3	4	NA
18. I am satisfied with the overall quality of the training.	1	2	3	4	NA
19. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA

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

MODULE <x>:</x>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
20. As a result of this module, I can <insert learning="" objective="">.</insert>	1	2	3	4	NA
21. As a result of this module, I can <insert learning="" objective="">.</insert>	1	2	3	4	NA
22. As a result of this module, I can <insert learning="" objective="">.</insert>	1	2	3	4	NA
23. As a result of this module, I can <insert learning="" objective="">.</insert>	1	2	3	4	NA
24. The learning objectives for this module were stated clearly.	1	2	3	4	NA
MODULE <x>:</x>	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
MODULE <x>:</x>		Disagree 2	Agree 3		Not Applicable NA
		Ü		Agree	••
25. As a result of this module, I can <insert learning="" objective="">.</insert>		2	3	Agree 4	NA
25. As a result of this module, I can <insert learning="" objective="">.</insert>26. As a result of this module, I can <insert learning="" objective="">.</insert>	Disagree 1 1	2 2	3	Agree 4	NA NA

30. Please rate the <u>overall</u> quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

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

PRESENTER 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
31. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
32. The presenter presented the content clearly and logically.	1	2	3	4	NA
33. The presenter responded positively to questions and comments.	1	2	3	4	NA
34. The presenter created a respectful environment for participants.	1	2	3	4	NA
PRESENTER 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
35. The presenter demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
36. The presenter presented the content clearly and logically.	1	2	3	4	NA
37. The presenter responded positively to questions and comments.	1	2	3	4	NA

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38	participants.		1	2	3	4	NA
9. Di —	id the training provide comprehensive coverage of the topic(s)? Ple	ease (explain.				
). W	as the content current and up-to-date? Please explain.						
. W	as there anything you would change about the training content? Pl	ease	explain				
. W	as there anything you would change about the resource materials ((vide	os, hand	louts, Pov	verPoints	, etc.)? Plea	ase explain.
. W	as there enough time for discussion and questions? Please explain						
. W	That aspects of the training were most helpful, and why?						
. Is	there any material, content, or activity you would recommend to r	<u>not</u> in	clude in	future tr	ainings?		
. Ar	re there specific resources you would recommend for inclusion in	futur	e trainin	ıgs?			
. Do	o you have any other comments or suggestions?						
3. W	hich of the following best describes the organization in which you	ı wor	·k? (Ma :	rk all tha	nt apply.))	
	Academic institution			grantee			
	Anti-trafficking organization			mployed			
	Business/For-profit organization			or-led or	-	n	
	Coalition/Multidisciplinary team/Task force Federal government			governm /Worker		organizatio	on
	Faith-based organization			service	-	organizatio	<i>J</i> 11
	State and local government						
	Nonprofit/Community-based organization			- 1	. 2/ -		

49.	•	our organization Yes	responsible for working No	g with pe	ople who are	curren	tly bei	ing trafficked or have been trafficked?	
50	W /L	yah of the fellow	ing hagt describes your	nr ofossi	nal aanaaitu	or tumo	o of a	orgines you provide? (Mork all that one	Jer)
30.		Behavioral heal	th professional (e.g., psy ental health/substance us	- ychologi:	st,	л туре	Lega	ervices you provide? (Mark all that app al (e.g., immigration, civil and/or rights- rney and/or paralegal, clinic)	-
		Child welfare (contractor, nonp	e.g., state agency staff, corofit personnel)	hild wel	fare		Pub depa	lic health (e.g., licensure board, health artment staff, health care executive, com	munit
			ed services (e.g., parole					th workers)	
		•	e (e.g., law enforcement, t, forensic interviewer)	prosecu	tor,			ial worker (e.g., case manager, school nselor, supervisor, administrator)	
		_	teacher, professor, school	ol				vivor empowerment, mentoring, or peer	•
		administrator)						lence prevention (e.g., child abuse and n	_
		_	,, physician, physician a					er abuse, domestic violence, sexual violence	ice,
		_	er, dentist, nurse, pharm		1'		-	th violence)	
		housing (e.g., c	ease worker, shelter directly agencies)	ctor, pub	lic		——	er (please specify):	
51.		ficking, or has be		y ao you	3	ntact v	with a	person who is being trafficked, at risk of	
		Never	Occasionally		Frequently			Daily	
		Less than 3 year	rs □ 3–5 year	rs	□ 6–1	0 years	S	☐ More than 10 years	
53.	Wh	nich of the follow	ing best describes your	primary	role in your c	urrent	positio	on?	
		Direct delivery/Management Other (please sp	Frontline staff ecify):		Consultant/T Volunteer	rainer		Administration Peer educator	
54.	Wh	nich of the follow	ing best describes your	geograpl	nic population	? (Ma	rk all	that apply.)	
		National				□ L	Local		
		State (please spe	ecify):				Urba	n	
		Tribal					Rura		
		International (pl	ease specify country): _				Subu	ırban	
55.	Ple	ase select any of							
			the following population	ns you cu	irrently work	with ir	n a pro	ofessional capacity (Mark all that apply	.)
		Human traffick		ns you cı	ırrently work	with ir	n a pro	ofessional capacity (Mark all that apply — Minors	·.)
		□ Comm	ing ercial sexual exploitatio	·	irrently work	with ir	•	☐ Minors Idren/youth	
		☐ Comm childre	ing ercial sexual exploitation	·	urrently work		Chil	☐ Minors Idren/youth ☐ Out of home/Foster care/Kinship ca	
		☐ Comm childre ☐ Sex tra	ing ercial sexual exploitatio en afficking	·	urrently work		Chil	☐ Minors Idren/youth ☐ Out of home/Foster care/Kinship ca ☐ Juvenile justice	
		☐ Comm childre ☐ Sex tra	ing ercial sexual exploitation on afficking Adults	·	urrently work		Chil	☐ Minors Idren/youth ☐ Out of home/Foster care/Kinship ca ☐ Juvenile justice ☐ Runaway/Homeless youth	
		☐ Comm childre ☐ Sex tra	ing ercial sexual exploitation on afficking Adults Minors	·	urrently work		Chil	☐ Minors Idren/youth ☐ Out of home/Foster care/Kinship ca ☐ Juvenile justice ☐ Runaway/Homeless youth ple with disabilities	
		☐ Comm childre ☐ Sex tra ☐ ☐	ing ercial sexual exploitation on afficking Adults	·	urrently work		Chil Peoj Dea	☐ Minors Idren/youth ☐ Out of home/Foster care/Kinship ca ☐ Juvenile justice ☐ Runaway/Homeless youth ple with disabilities f/Hearing impaired	

Paperwork Reduction Act Notice

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		Lesbian, gay, bisexual, transgender, and questioning Foreign nationals (migrant workers, undocumented immigrants, refugees) People with low incomes Racial and ethnic minorities American Indian or Alaska Native Asian	□ Native Hawaii or other Pacific Islander □ White □ Hispanic or Latino ethnicity History of substance use Intimate partner violence (e.g., dating, domestic violence) Gang-related crime Sexual abuse/Violence
		☐ Black or African American	Other (please specify):
66.	Wh	nat is your race? (Mark all that apply.)	
		American Indian or Alaska Native	
		Asian	
		Black or African American	
		Native Hawaii or other Pacific Islander	
		White	
		Other (please specify):	 <u></u>
57.	Wh	nat is your ethnicity? (Mark all that apply.)	
		Hispanic or Latino	
		Middle Eastern or North African	
		Other (please specify):	
8.	Wh	nat is your gender? (Mark all that apply.)	
		Male	
		Female	
		Transgender	
		Other (please specify):	

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

PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK Protocol

Please provide the information below to create an anonymous ID:

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

inse for y	h Month ert just the month your <i>date of birth</i> , mple: 08 for August)	First letter of first name (example: S for Sara)	First letter of your (example: M for				
Par	t I. NHTTAC Schola	arship Program					
1.	How did you hear ab	out this Scholarship Program?	(Mark all that app	ly.)			
	□ NHTTAC Listser	tation at a conference	□ <i>A</i>	Another organic A colleague or A publication of Other (please sp	friend r newslette		
	XX71	- 4:419					
3.	Would you recomme	end the NHTTAC Professional	Development Schola	-	s? 🗆	Yes □ N	lo
3. Plea	Would you recomme	end the NHTTAC Professional	Development Schola	-	s? □ Agree	Yes □ N Strongly Agree	Not Applicable
3. Plea	Would you recommense indicate the extense PPLICATION PROCE	end the NHTTAC Professional	Development Scholaree with the following Strongly Disagree	g statements.		Strongly	Not
3. Plea	Would you recommense indicate the extense indicate the extense PPLICATION PROCESSION NHTTAC was respectively.	end the NHTTAC Professional at to which you agree or disagrees. ESS onsive to my questions and ne	Development Scholaree with the following Strongly Disagree	g statements. Disagree	Agree	Strongly Agree	Not Applicable
3. Plea AI 4.	Would you recommense indicate the extense indicate the extense PPLICATION PROCESSION NHTTAC was responded in the application was	end the NHTTAC Professional at to which you agree or disagrees. ESS onsive to my questions and news easy to complete. tructions clearly explained the	Development Scholaree with the following Strongly Disagree eds. 1 1	g statements. Disagree	Agree 3	Strongly Agree 4	Not Applicable NA
A1 4. 5.	Would you recommense indicate the extense indicate the extense PPLICATION PROCE NHTTAC was responded to the application was religibility requirements.	end the NHTTAC Professional at to which you agree or disage ESS consive to my questions and news easy to complete. tructions clearly explained the ents.	Development Scholaree with the following Strongly Disagree eds. 1 1	g statements. Disagree 2 2	Agree 3 3	Strongly Agree 4	Not Applicable NA NA
AI 4. 5. 6.	Would you recommense indicate the extense indicate the extense PPLICATION PROCE NHTTAC was responded the application was responded in the application inseligibility requirems the application insexpenses covered under the extense in the expenses covered under the extense in t	end the NHTTAC Professional at to which you agree or disage ESS consive to my questions and news easy to complete. tructions clearly explained the ents.	Development Scholaree with the following Strongly Disagree eds. 1 1	g statements. Disagree 2 2 2	Agree 3 3 3 3	Strongly Agree 4 4 4	Not Applicable NA NA NA

PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK Protocol

NATIONAL HUMAN TRAFFICKING	OMB Control Number: 0970-XXXX
TRAINING AND TECHNICAL ASSISTANCE CENTER	Expiration Date: XX/XX/XXXX

Oo you have any othe	er comments or suggestion	ns about the applic	eation proce	ess?		
		. ,,			4 CH :	
GISTICS	registration, pre-meeting	Poor	Fair	Good	Excellent	Not Applicable
Meeting registration		1	2	3	4	NA
Onsite registration of	heck-in process	1	2	3	4	NA
Attendee meeting pa	acket	1	2	3	4	NA
Meeting direction si	gns	1	2	3	4	NA
Conference meeting	room	1	2	3	4	NA
Travel information	(if applicable)	1	2	3	4	NA
Hotel accommodation	ons (if applicable)	1	2	3	4	NA
Please rate the <u>overal</u> 1	l quality of this scholarshi	ip program.		4		
				4 Excellent		
Poor .Which of the following a Academic institutum Anti-trafficking a Business/For-production/Multidum Federal governman Faith-based organs State and local general series.	Fair ng best describes the orgation organization offit organization isciplinary team/Task forcent nization	Good anization in which	C C S S C T C C C C C C C C	(Mark all the OTIP grantee elf-employed urvivor-led (Cribal govern: Union/Worke	d organization ment r advocacy orga e provider	anization
Poor .Which of the followi Academic instituth Anti-trafficking of Business/For-processive Coalition/Multidher Federal government Faith-based orgather State and local green Nonprofit/Comment Nonprofit/Comment Nonprofit/Comment Nonprofit Pollow apply.) Behavioral healther psychiatrist, ment Child welfare (e. contractor, nonprofit/Comment Nonprofit Nonpr	Fair ng best describes the orgation organization offit organization isciplinary team/Task forcent nization overnment nunity-based organization ring best describes your p n professional (e.g., psychtal health/substance use c g., state agency staff, chil	Good anization in which the tree refessional capaci tologist, ounselor) d welfare	U S S S S S S S S S S S S S S S S S S S	(Mark all the OTIP grantee elf-employed urvivor-led of Tribal govern: Union/Worker of Services yourse practition to the practition of services yourself yoursel	organization ment r advocacy orga e provider specify: ou provide? (Mg., physician, poner, dentist, nu case worker, s rity agencies)	

department staff, health care executive, community

health workers)

☐ Educator (e.g., teacher, professor, school

administrator)

PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK **Protocol**



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		counselo	vorker (e.g., case or, supervisor, ac r empowerment,	•	to peer		elder youtl	ence prevention (e.g., Child abuse and neglect abuse; domestic violence, sexual violence, in violence) r (please specify):	t;
22.	Is yo	our orgar	nization responsi	ble for working with	n people who are c	urrent	ly beir	ng trafficked or have been trafficked?	
		Yes [□ No						
23.	Whi	ch of the	e following best	describes the number	er of years of exper	ience	you ha	ave in your current field of work? (Mark one	:.)
	□ I	Less than	a 3 years	\Box 3 to 5 years	□ 6 to 1	0 year	rs.	☐ More than 10 years	
24.	Whi	ch of the	e following best	describes your prima	ary role in your cu	rrent p	ositio	n?	
		Managen			onsultant/Trainer olunteer			Administration Peer Educator	
25.		afficking	essional capacity g, or have been to	afficked?	you come into con	ntact w	ith pe	ople who are currently being trafficked, at ris	k
		1		2	3			4	
		3.7		D 1			4 77	I T	
		Never		Rarely	Frequently		All	the Time	
		ch of the National State (ple Fribal	e following best ase specify): onal (please spec	describes your geog	-	ban ıral	k all t		
	□ N □ S □ T □ I	National state (pleasure of the first of the	onal (please spec	describes your geog	raphic population? Local Ur Ru Su	ban Iral burban	r k all t n a prof	chat apply.) Cessional capacity (Mark all that apply.)	
	□ N □ S □ T □ I	Childa	tany of the followan trafficking Commercial secondidren Sex trafficking Adults Minors Labor traffickin Adults Minors Minors Hadults Minors The Minors Minors Minors Minors Minors Minors Minors	describes your geog	raphic population? Local Ur Ru Su	ban Iral burban	a profice Lesb quest Fore imma Peop Racia	that apply.)	d

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PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK Protocol NATIONAL TRAININ ASSISTA

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28.	What i	s your race? (Mark all that apply.)
		American Indian or Alaska Native
		Asian
		Black or African American
		Native Hawaii or other Pacific Islander
		White
		Other (please specify):
29.	What i	s your ethnicity? (Mark all that apply.)
		Hispanic or Latino
		Middle Eastern or North African
		Other (please specify):
30.	What i	s your gender? (Mark all that apply.)
		Male
		Female
		Transgender
		Other (please specify):
Par	t II. Ev	<u>rent Feedback</u>
31.	Please	provide the following information about the event you attended with scholarships funds:
	Event	title:
	D	

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

EVENT FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
32. The event increased my skills and knowledge related to the topic(s).	1	2	3	4	NA
33. The event improved my knowledge of current evidence-based research or promising practices.	1	2	3	4	NA
34. The event improved my skills and knowledge about trauma-informed practices.	1	2	3	4	NA
35. The event improved my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
36. The event improved my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
37. The event improved my skills and knowledge about a public health approach to addressing human trafficking.	1	2	3	4	NA

PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK Protocol

collaboration



38. The event improved my ability to serve people who are

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current being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
39. The education materials provided for this event were useful.	1	2	3	4	NA
40. The event increased my practical skills related to the topic(s).	1	2	3	4	NA
41. The event met my professional needs.	1	2	3	4	NA
42. The event met my educational needs.	1	2	3	4	NA
43. I will be able to apply what I learned in my work.	1	2	3	4	NA
44. At which type of event was the training held?					
		1£			
□ National conference□ State/regional conference		cal conferenc her (please sp			
- State/regional conference	_ Ou	ner (prease sp	,еспу)		
45. As a result of participating in this scholarship program, do you	ı plan to do	any of the fo	llowing? (M	Iark all that	apply.)
☐ Change my management/leadership or		Develop/stre	engthen coll	aborative or	strategic
interpersonal communication style		relationship	S		
☐ Further develop skills and knowledge about serving		Network wi	th other part	cicipants	
people who are currently being trafficked, at risk of		Share mater		-	
trafficking, or have been trafficked		Provide info			•
☐ Write grants/fundraise/identify new funding		Train/educa			
resources		Raise public		-	
☐ Advocate or meet with leadership of my			-	•	currently being
organization to develop/enhance vision, mission, or			t risk of traf	ficking, or h	ave been
strategic plan		trafficked			
☐ Advocate or meet with leadership of my		Refer collea	_	TTAC event	s/resources
organization to develop/enact policy changes at my		Conduct res			
organization		Strengthen e	evaluation of	r needs asses	ssment
☐ Improve programs/practices	_	activities			
☐ Improve technology/websites/infrastructure		_	ntification a	and reporting	methods for
☐ Integrate victim-centered, survivor-informed	_	trafficking			
strategies		Take addition	_		_
☐ Expand services or types of services		Other (pleas	se specify): _		·
☐ Begin a new project or initiative					
46. Of the barriers listed below, which do you believe will be a s	significant o	challenge to p	performing t	the activities	you selected
the previous question? (Mark all that apply.)					
☐ Lack of senior leadership support		Difficulty in	establishin	g and/or mai	ntaining a
☐ Lack of frontline support and accountability		multi-discip			
☐ Continuous turnover		Need for par	_	ilding with c	other
☐ Shortages of key personnel		organization			
☐ Competing priorities		Variation in		-	
☐ Inaccessible research and/or information		_	-	her organiza	
☐ Lack of urgency		Lack of info		l/or data sha	ring among
☐ Lack of shared responsibility across organizational		organization	ıs		
11 1		T 1 C.			

 \square Lack of time to implement changes

PROFESSIONAL DEVELOPMENT SCHOLARSHIP FEEDBACK **Protocol**



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		Lack of training for staff in how to implement change	Other (please explain):
47.	Wh	at aspects of the event were most helpful and why?	
48.	Do	you have any other comments or suggestions about the event?	

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

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

RE	EQUESTI	ER NAME/AGENCY:		
CC) NSULT	ANT(S)/PRESENTER(S):		
Nŀ	ITTAC T	TRAINING/TECHNICAL ASSISTANCE	SPECIALIST:	
_				
1.	Please s	select the type of training and technica	al assistance (T/TA) you requested	ed:
		Needs assessment		Review of materials (e.g., protocols, screening
		Organization audit	Organization audit	forms, etc.)
		SOAR for communities		Remote training
		In-person SOAR training		Training of trainers
		In-person training		SOAR training for HHS personnel
		Peer-to-peer collaboration		Strategic partnerships for SOAR Online
		Coaching		Other (please specify):
		Mentorship		

Please indicate the extent to which you were satisfied or not satisfied with your overall experience working with NHTTAC:

		Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
2.	The overall quality of the support you received from NHTTAC staff	1	2	3	4
3.	Your overall experience with NHTTAC staff	1	2	3	4
4.	Your interactions with NHTTAC staff	1	2	3	4
5.	Your interactions with the consultants	1	2	3	4
6.	The quality of support you received from NHTTAC staff during the needs assessment process	1	2	3	4
7.	The quality of support you received from the consultants in implementing the T/TA	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your interactions with NHTTAC staff and the planning process:

PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree
8. NHTTAC was responsive to my questions and needs.	1	2	3	4
9. NHTTAC was effective in identifying an appropriate consultant/presenter.	1	2	3	4
10. NHTTAC staff was detail oriented and thorough in the planning of this T/TA.	1	2	3	4

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26. The consultant was respectful.

1

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11. NHTTAC was timely throughout the planning process.			2	3	4
NEEDS ASSESSMENT	Strongly Disagree	Disa	agree	Agree	Strongly Agree
12. NHTTAC helped me determine the most important needs are for [me][my organization] to address human trafficking.	1		2	3	4
13. NHTTAC helped me determine the most important needs are for [me][my organization] to <i><insert objective=""></insert></i> .	1		2	3	4
4. NHTTAC helped me determine the most important needs are for [me][my organization] to <i><insert objective=""></insert></i> .	1		2	3	4
15. As a result of the needs assessment, [I][my organization] can		:	2	3	4
16. As a result of the needs assessment, [I][my organization] can			2	3	4
17. As a result of the needs assessment, [I][my organization] can			2	3	4
ease indicate the extent to which you agree or disagree with the following	z statements	s about the	e consultan	uts:	
CONSULTANT 1:		Strongly Disagree	Disagree	Agree	Strongly Agree
20. The consultant was easy to communicate with in planning for the T/T/2	Α.	1	2	3	4
1. The consultant responded to me in a timely manner.		1	2	3	4
22. The consultant was respectful.		1	2	3	4
23. The consultant's knowledge and expertise were appropriate for my new	eds.	1	2	3	4
CONSULTANT 2:		Strongly Disagree	Disagree	Agree	Strongly Agree
24. The consultant was easy to communicate with in planning for the T/Ta	Α.	1	2	3	
25. The consultant responded to me in a timely manner.				J	4

- 28. Would you recommend [NHTTAC][SOAR] T/TA to others to receive T/TA?
- 29. What suggestions do you have for improving NHTTAC's support of T/TA planning and/or delivery?

27. The consultant's knowledge and expertise were appropriate for my needs.

2

2

1

3

3

4

4

30.	What additional needs do you or your organization have regar	rding this top	pic?					
31.	Which of the following best describes the organization in whi	ich you worl	k? (Mark all that apply.)					
	☐ Academic institution		OTIP grantee					
	☐ Anti-trafficking organization		Self-employed					
	☐ Business/For-profit organization		Survivor-led organization					
	☐ Coalition/Multidisciplinary team/Task force		Tribal government					
	☐ Federal government		Union/Worker advocacy organization					
	☐ Faith-based organization		Victim service provider					
	☐ State and local government		Other (please specify):					
	☐ Nonprofit/Community-based organization							
32.	Is your organization responsible for working with people who \square Yes \square No	are current	ly being trafficked or have been trafficked?					
33.	Which of the following best describes your professional capa	Which of the following best describes your professional capacity or types of services you provide? (Mark all that apply.)						
	☐ Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)					
	☐ Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Public health (e.g., licensure board, health department staff, health care executive, community health workers)					
	 Corrections-based services (e.g., parole, probation) Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) 		Social worker (e.g., case manager, school counselor, supervisor, administrator)					
	☐ Educator (e.g., teacher, professor, school administrator)		Survivor empowerment, mentoring, or peer to peer Violence prevention (e.g., child abuse and neglect,					
	Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)		elder abuse, domestic violence, sexual violence, youth violence)					
	☐ Housing (e.g., case worker, shelter director, public housing authority agencies)		Other (please specify):					
34.	In your professional capacity, how frequently do you come in risk of trafficking, or has been trafficked? 1 2 3	to contact w	ith a person who is currently being trafficked, at					
	Never Occasionally Frequent	ly	Daily					
35.	Which of the following best describes the number of years of	experience	you have in your current field of work?					
	\Box Less than 3 years \Box 3–5 years \Box	6–10 years	☐ More than 10 years					
36.	Which of the following best describes your primary role in your	our current p	position?					
	□ Direct delivery/Frontline staff □ Consultant/T	rainer	□ Administration					

) / . VV	hich of the following best describes your geog	grapine populati	ion: (ivia	tk an that appry.)
	National		ocal	
	State (please specify):		Urban	
	Tribal		2 4 6 7 6 1 2	
	International (please specify country):		Suburb	an
88. Ple	ease select any of the following populations ye	ou currently wo	rk with in	a professional capacity. (Mark all that apply.)
	Human trafficking			Foreign nationals (migrant workers, undocumented
	 Commercial sexual exploitation of 			immigrants, refugees)
	children			People with low incomes
	☐ Sex trafficking			Racial and ethnic minorities
	\Box Adults			☐ American Indian or Alaska Native
	□ Minors			□ Asian
	☐ Labor trafficking			☐ Black or African American
	\Box Adults			☐ Native Hawaii or other Pacific Islander
	□ Minors			□ White
	Children/youth			☐ Hispanic or Latino ethnicity
	☐ Out of home/Foster care/Kinship c	are		History of substance use
	☐ Juvenile justice			Intimate partner violence (e.g., dating, domestic
	☐ Runaway/Homeless youth			violence)
	People with disabilities			Gang-related crime
	Deaf/Hearing impaired			Sexual abuse/Violence
	Elderly			Other (please specify):
	Lesbian, gay, bisexual, transgender, and questioning			

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

RESOURCE TOOL



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

Г	ATE	DOWNLOADED/RECEIVED:					
1.	Wh	nat [NHTTAC][SOAR] resource did you download or receive?					
		SOAR e-guide		<insert resource=""></insert>			
		State and territory profiles		<insert resource=""></insert>			
		Screening toolkit		<insert resource=""></insert>			
		Webinar recordings		<insert resource=""></insert>			
		Organizational toolkit		<insert resource=""></insert>			
2.	. Which of the following best describes the reason you obtained <i><insert material=""></insert></i> ?						
		Personal use/assist a family member/friend		For use in program development/operations			
		To better identify people who are at risk or have		For academic studies			
		been trafficked		For education/community outreach			
		To better provide services to a person who is					
		currently being trafficked, at risk of trafficking, or		Other (please specify):			
		has been trafficked					
3.	Ho	w have you used the <insert material="">? (Mark all that apply).</insert>					
		To train others		<insert reason=""></insert>			
		In your work with patients/clients		<insert reason=""></insert>			
		For protocol development		<insert reason=""></insert>			
		For outreach efforts		<insert reason=""></insert>			

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

CC	OMPONENT 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4.	The resource addressed the critical issues related to the topic(s).	1	2	3	4	NA
5.	I am satisfied with the overall quality of the material.	1	2	3	4	NA
6.	The material was organized and clear.	1	2	3	4	NA
7.	The terminology included in the material was used correctly.	1	2	3	4	NA
8.	The material increased my knowledge about the topic(s).	1	2	3	4	NA
9.	The material included current evidence-based research or promising practices.	1	2	3	4	NA
10.	The material reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
11.	The content of the material was survivor informed.	1	2	3	4	NA
12.	The content of the material was trauma informed.	1	2	3	4	NA

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



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Please provide the information below to create an anonymous ID:

		
Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)
T/TA:		
DATES(S):		

Please indicate how well the technical assistance met each stated objective.

Ov	TERALL OBJECTIVES	Poor	Fair	Good	Excellent
1.	[Insert objective 1].	1	2	3	4
2.	[Insert objective 2].	1	2	3	4
3.	[Insert objective 3].	1	2	3	4
4.	[Insert objective 4].	1	2	3	4
5.	[Insert objective 5].	1	2	3	4

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

FA	CILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
6.	The facilitator's knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
7.	The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
8.	The facilitator responded well to questions and comments.	1	2	3	4	NA
9.	The facilitator created a respectful environment for participants.	1	2	3	4	NA
10.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA

FA	CILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
11.	The facilitator's knowledge and expertise of this presenter were appropriate for this technical assistance.	1	2	3	4	NA
12.	The facilitator delivered the content of the technical assistance effectively.	1	2	3	4	NA
13.	The facilitator responded well to questions and comments.	1	2	3	4	NA
14.	The facilitator created a respectful environment for participants.	1	2	3	4	NA
15.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
Ov	ERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
16.	The technical assistance addressed the critical issues related to the topic(s).	1	2	3	4	NA
17.	The time allotted was adequate for the scope of material.	1	2	3	4	NA
18.	The technical assistance was well organized and clear.	1	2	3	4	NA
19.	The technical assistance increased my knowledge related to the topic(s).	1	2	3	4	NA
20.	The technical assistance was trauma-informed.	1	2	3	4	NA
21.	The technical assistance was survivor-informed.	1	2	3	4	NA
22.	The technical assistance was grounded in current evidence-based or promising practices.	1	2	3	4	NA
23.	The technical assistance was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
24.	The technical assistance reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
25.	The technical assistance increased my practical skills related to the topic(s).	1	2	3	4	NA
26.	This technical assistance met my educational needs.	1	2	3	4	NA
27.	This technical assistance met my professional needs.	1	2	3	4	NA
28.	I will be able to apply what I learned in my work.	1	2	3	4	NA
29.	The technical assistance improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
30.	I will share what I learned with my colleagues.	1	2	3	4	NA

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

	ow satisfied were ye						
	1	2	3		4		
V	ery Dissatisfied	Dissatisfied	Satisfied		Very Satisfied		
2. Pl	lease rate the <u>overal</u>	l quality of this technica	al assistance.				
	1	2	3		4		
	Poor	Fair	Good		Excellent		
3. H	ow well did this tec	hnical assistance meet y	your expectations?				
	1	2	3		4		
	Far Below My Expectations	Did Not Meet My Expectations	Met My Expectations		Exceeded My Expectations		
4. H	ow useful was the to	echnical assistance info	rmation to your work?				
	1	2	3		4		
	Not Useful	Somewhat Useful	Useful		Very Useful		
5. H	low prepared do you	feel in implementing w	what you learned from th	is te	chnical assistance in y	our daily work?	
5. H	ow prepared do you 1	2	what you learned from th	is te	chnical assistance in y 4	our daily work?	
	· · ·	1 0	•	is te	•	our daily work?	
<i>No</i> 6. A	1 t At All Prepared s a result of particip	2 Somewhat Unprepared pating in this technical a	3	o do a	4 Very Prepared any of the following?	(Mark all that apply.)	
No	1 at At All Prepared as a result of particip Change my mana	Somewhat Unprepared pating in this technical a agement/leadership or	3 Somewhat Prepared		4 Very Prepared any of the following? Develop/strengthen	·	
<i>No</i> 6. A	t At All Prepared s a result of particip Change my mana interpersonal cor	Somewhat Unprepared vating in this technical a agement/leadership or mmunication style	Somewhat Prepared ssistance, do you plan to	o do :	4 Very Prepared any of the following? Develop/strengthen relationships	(Mark all that apply.) collaborative or strategic	
<i>No</i> 6. A	t At All Prepared s a result of particip Change my mana interpersonal cor Further develops	Somewhat Unprepared pating in this technical a agement/leadership or	Somewhat Prepared ssistance, do you plan to	o do a	4 Very Prepared any of the following? Develop/strengthen	(Mark all that apply.) collaborative or strategic participants	
<i>No</i> 6. A	t At All Prepared as a result of particip Change my mana interpersonal cor Further develops people who are cor trafficking, or ha	Somewhat Unprepared eating in this technical a agement/leadership or munication style skills and knowledge ab currently being trafficked	Somewhat Prepared ssistance, do you plan to out serving d, at risk of	o do :	A Very Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth	
<i>No</i> 6. A	t At All Prepared as a result of particip Change my mana interpersonal cor Further develops people who are cor trafficking, or ha	Somewhat Unprepared pating in this technical a agement/leadership or amunication style skills and knowledge abourrently being trafficked	Somewhat Prepared ssistance, do you plan to out serving d, at risk of	o do a	4 Very Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned	
<i>No</i> 6. A □	t At All Prepared s a result of particip Change my mana interpersonal cor Further develops people who are c trafficking, or ha Write grants/func resources	Somewhat Unprepared bating in this technical a agement/leadership or inmunication style skills and knowledge abourrently being trafficked ve been trafficked draise/identify new fundamental style in the skills and knowledge abour trafficked when the skills and knowledge abour trafficked draise/identify new fundamental skills.	Somewhat Prepared ssistance, do you plan to out serving d, at risk of	o do :	A Very Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach	
<i>No</i> 6. A □	s a result of particip Change my mana interpersonal cor Further develops people who are contrafficking, or ha Write grants/fund resources Advocate or mee	Somewhat Unprepared vating in this technical a agement/leadership or inmunication style skills and knowledge abourrently being trafficked ve been trafficked draise/identify new function with leadership of my	Somewhat Prepared ssistance, do you plan to out serving d, at risk of	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth s in content/skills learned ess/advocacy/outreach people who are currently bei	ng
<i>No</i> 6. A □	t At All Prepared s a result of particip Change my mana interpersonal cor Further develops people who are c trafficking, or ha Write grants/func resources Advocate or mee organization to d	Somewhat Unprepared bating in this technical a agement/leadership or inmunication style skills and knowledge abourrently being trafficked ve been trafficked draise/identify new fundamental style in the skills and knowledge abour trafficked when the skills and knowledge abour trafficked draise/identify new fundamental skills.	Somewhat Prepared ssistance, do you plan to out serving d, at risk of	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach	ng
<i>No</i> 6. A □	t At All Prepared s a result of particip Change my mana interpersonal cor Further develop s people who are c trafficking, or ha Write grants/func resources Advocate or mee organization to d strategic plan	Somewhat Unprepared vating in this technical a agement/leadership or inmunication style skills and knowledge abourrently being trafficked ve been trafficked draise/identify new function with leadership of my	Somewhat Prepared ssistance, do you plan to out serving d, at risk of ding mission, or	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth s in content/skills learned ess/advocacy/outreach people who are currently bei	ng
No 6. A	s a result of particip Change my mana interpersonal cor Further develops people who are contrafficking, or ha Write grants/fund resources Advocate or mee organization to distrategic plan Advocate or mee organization to distrategic plan	Somewhat Unprepared bating in this technical a agement/leadership or munication style skills and knowledge ab currently being trafficked ve been trafficked draise/identify new func- at with leadership of my evelop/enhance vision,	Somewhat Prepared ssistance, do you plan to out serving d, at risk of ling mission, or	0 do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other. Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked Refer colleagues to Conduct research	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach people who are currently bei trafficking, or have been NHTTAC events/resources	ng
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No	s a result of particip Change my mana interpersonal cor Further develops people who are contrafficking, or hand Write grants/functives Advocate or mee organization to do strategic plantal Advocate or mee organization to do organization to do Improve program	Somewhat Unprepared varing in this technical a agement/leadership or munication style skills and knowledge abourrently being trafficked draise/identify new fundation with leadership of my evelop/enhance vision, at with leadership of my evelop/enact policy chans/practices	Somewhat Prepared ssistance, do you plan to out serving d, at risk of ding mission, or	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked Refer colleagues to 1 Conduct research Strengthen evaluation activities	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach people who are currently bei trafficking, or have been NHTTAC events/resources on or needs assessment	
No 6. A	at At All Prepared Is a result of particip Change my mana interpersonal cor Further develops people who are c trafficking, or ha Write grants/funct resources Advocate or mee organization to d strategic plan Advocate or mee organization to d organization Improve progran Improve technological	Somewhat Unprepared Dating in this technical a agement/leadership or munication style skills and knowledge ab currently being trafficked draise/identify new func at with leadership of my evelop/enhance vision, at with leadership of my evelop/enact policy cha as/practices ogy/websites/infrastruct	Somewhat Prepared ssistance, do you plan to cout serving d, at risk of ding mission, or anges at my	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked Refer colleagues to Conduct research Strengthen evaluatio activities Improve identification	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach people who are currently bei trafficking, or have been NHTTAC events/resources	
No 6. A	at At All Prepared Is a result of particip Change my mana interpersonal cor Further develops people who are c trafficking, or ha Write grants/funct resources Advocate or mee organization to d strategic plan Advocate or mee organization to d organization Improve progran Improve technological	Somewhat Unprepared varing in this technical a agement/leadership or munication style skills and knowledge abourrently being trafficked draise/identify new fundation with leadership of my evelop/enhance vision, at with leadership of my evelop/enact policy chans/practices	Somewhat Prepared ssistance, do you plan to cout serving d, at risk of ding mission, or anges at my	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked Refer colleagues to Conduct research Strengthen evaluation activities Improve identification	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth in content/skills learned ess/advocacy/outreach people who are currently bei trafficking, or have been NHTTAC events/resources on or needs assessment	
No 6. A	s a result of particip Change my mana interpersonal cor Further develops people who are contrafficking, or ha Write grants/fund resources Advocate or mee organization to do strategic plan Advocate or mee organization to do organization Improve program Improve technolog Integrate victim- strategies	Somewhat Unprepared Dating in this technical a agement/leadership or munication style skills and knowledge ab currently being trafficked draise/identify new func at with leadership of my evelop/enhance vision, at with leadership of my evelop/enact policy cha as/practices ogy/websites/infrastruct	Somewhat Prepared ssistance, do you plan to cout serving d, at risk of ding mission, or anges at my	o do :	Avery Prepared any of the following? Develop/strengthen relationships Network with other Share materials with Provide information Train/educate others Raise public awaren activities offered to trafficked, at risk of trafficked Refer colleagues to Conduct research Strengthen evaluation activities Improve identification trafficking Take additional train	(Mark all that apply.) collaborative or strategic participants colleagues to clients/families/youth s in content/skills learned ess/advocacy/outreach people who are currently bei trafficking, or have been NHTTAC events/resources on or needs assessment on and reporting methods fo	



37.	of the barriers listed below, which do you believe will be a the previous question? (Mark all that apply.)	significant	challenge to performing the activities you selected in
	☐ Lack of senior leadership support		Difficulty in establishing and/or maintaining a
	☐ Lack of frontline support and accountability		multi-disciplinary team
	☐ Continuous turnover		Need for partnership building with other
	☐ Shortages of key personnel		organizations
	☐ Competing priorities		Variation in mission and regulatory frameworks
	☐ Inaccessible research and/or information		when partnering with other organizations
	☐ Lack of urgency		Lack of information and/or data sharing among
	☐ Lack of shared responsibility across organizational		organizations
	collaboration		Lack of time to implement changes
	☐ Lack of information sharing among organizations		Lack of training for staff in how to implement
	☐ Lack of time to implement changes		change
			Other (please explain):
38.	Would you recommend NHTTAC to others to receive T/TA	?	□ Yes □ No
39.	Please list any professional goals you have achieved through	this T/TA.	
40.	How will this assistance help your agency in responding to h	uman traffic	king?
41.	What aspects of the assistance were most helpful and why?		
42.	What could NHTTAC do differently to improve similar T/TA	A requests in	the future?
			· · · · · · · · · · · · · · · · · · ·
43.	Do you have any other comments or suggestions?		



44.	Wh	nch of the following I	best describes the o	organization i	n which you woi	k? (Mark all that ap	oply.)
		Academic institution	n			OTIP grantee	
		Anti-trafficking orga				Self-employed	
		Business/For-profit				Survivor-led organi	zation
		Coalition/Multidisci		force		Tribal government	
		Federal government		10100		Union/Worker advo	ocacy organization
		Faith-based organization				Victim service prov	
		State and local gove				Other (please specif	
		Nonprofit/Commun		ion		Other (pieuse speen	
45.	Is y		oonsible for workin	g with people	e who are current	tly being trafficked or	have been trafficked?
46.	Wh	nich of the following I	best describes your	· professional	capacity or type	s of services you prov	vide? (Mark all that apply.)
		Behavioral health propsychiatrist, mental				Legal (e.g., immigrattorney and/or para	ation, civil and/or rights-based alegal, clinic)
		Child welfare (e.g.,					licensure board, health
		contractor, nonprofi					ealth care executive, community
		Corrections-based se	-	nrobation)		health workers)	and care executive, community
				-			acca managan sahaal
		Criminal justice (e.g		i, prosecutor,			case manager, school
	_	probation, court, for		_	_	counselor, supervise	
		Educator (e.g., teach	ner, professor, scho	ool			nent, mentoring, or peer-to-peer
		administrator)				Violence prevention	n (e.g., child abuse and neglect,
		Health care (e.g., ph	ysician, physician	assistant,		elder abuse, domest	ic violence, sexual violence,
		nurse practitioner, d	entist, nurse, pharm	nacist)		youth violence)	
		Housing (e.g., case				Other (please specif	fy):
		housing authority ag		, 1			
47.	Wh	nich of the following I	best describes the r	number of yea	ars of experience	you have in your cur	rent field of work? (Mark one.
		Less than 3 years	\Box 3 to 5 ye	ears	☐ 6 to 10 year	rs \square More	than 10 years
48.		nich of the following I	_	-			
		Direct delivery/frontl	ine staff	□ Consult	ant/Trainer	☐ Administration	1
		Management		□ Volunte	eer	□ Peer Educator	
		Other (please specify	r):				
49.	•	your professional capa c of trafficking, or has	•	tly do you co	me into contact v	vith a person who is c	urrently being trafficked, at
		1	2		3	4	
		Never	Occasionally	Free	quently	Daily	



50. Which of the following best describes your geographic population? (Mark all that apply.)	
 □ National □ State (please specify): □ Tribal □ International (please specify country): □ Suburban 	
51. Please select any of the following populations you currently work with in a professional capacity (Mark all tha	at apply.)
☐ Human trafficking ☐ Lesbian, gay, bisexual, transgender,	and
☐ Commercial sexual exploitation of questioning children ☐ Foreign nationals (migrant workers,	undocumented
☐ Sex trafficking immigrants, refugees)	undocumented
☐ Adults ☐ People with low incomes	
☐ Minors ☐ Racial and ethnic minorities	
☐ Labor trafficking ☐ American Indian or Alaska	Native
□ Adults □ Asian	
☐ Minors ☐ Black or African American	
☐ Children/youth ☐ Native Hawaii or other Pac	ific Islander
☐ Out of home/Foster care/Kinship care ☐ White	
☐ Juvenile justice ☐ Hispanic or Latino ethnicity	y
☐ Runaway/Homeless youth ☐ History of substance use	
☐ People with disabilities ☐ Domestic and dating violence	
 □ Deaf/Hearing impaired □ Elderly □ Gang-related crime □ Sexual abuse/Violence 	
☐ Sexual aduse/ violence ☐ Other (please specify):	
52. What is your race? (Mark all that apply.)	
☐ American Indian or Alaska Native	
□ Asian	
☐ Black or African American	
□ Native Hawaii or other Pacific Islander	
□ White	
☐ Other (please specify):	
53. What is your ethnicity? (Mark all that apply.)	
☐ Hispanic or Latino	
☐ Middle Eastern or North African	
Other (please specify):	
54. What is your gender? (Mark all that apply.)	
□ Transgender	
☐ Other (please specify):	

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



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In order to help the 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 confidentiality 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 <a href="https://www.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlemback.nhttacentlembac

PRETRAINING QUESTIONS:

Please]	provide	the	informatio	n below	to cre	ate :	an	anony	mous	ID):
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Birth Month	First letter of first name	First letter of your middle name

(insert just the month (example: S for Sara) (example: M for Maria)

for your date of birth:

08 for August)

Please rate your level of confidence in your ability to:

		Very Low	Low	High	Very High
1.	Identify people who are at risk or have been trafficked	1	2	3	4
2.	Develop or redefine your vision and mission statements	1	2	3	4
3.	Serve individuals [at-risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
4.	Create a list of objectives for organizational change	1	2	3	4
5.	Identify the elements of an action-planning process	1	2	3	4



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WEEKLY EVALUATION QUESTIONS:

Please p	rovide	the	information	below to	create a	an anony	vmous ID:
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Birth Month	First letter of first name	First letter of your middle name
(insert just the month	(example: S for Sara)	(example: M for Maria)
for your date of birth:		
08 for August)		

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

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
2.	As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
3.	As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
4.	As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
5.	As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4

6. Did the instructor(s) provide feedback on the mastery of the learning objectives?

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

		Strongly Disagree	Disagree	Agree	Strongly Agree
7.	The materials addressed the learning objectives clearly.	1	2	3	4
8.	The materials addressed the critical issues related to the topic(s).	1	2	3	4
9.	The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
10.	The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
11.	The materials increased my knowledge related to the topics.	1	2	3	4
12.	The materials increased my practical skills related to the topics.	1	2	3	4
13.	I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:



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	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The webinar addressed the learning objectives clearly.	1	2	3	4
15. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
16. The time allotted was adequate for the scope of material covered.	1	2	3	4
17. The webinar was well organized and clear.	1	2	3	4
18. The material was appropriate for my level of experience and knowledge.	1	2	3	4
19. The webinar increased my knowledge related to the topics.	1	2	3	4
20. The webinar increased my practical skills related to the topics.	1	2	3	4
21. I am satisfied with the overall quality of the webinar.	1	2	3	4

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

Instructor 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
22. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
23. The instructor presented the content clearly and logically.	1	2	3	4
24. The instructor responded positively to questions and comments.	1	2	3	4
25. The instructor created a respectful environment for the participants.	1	2	3	4
Instructor 2:	Strongly Disagree	Disagree	Agree	Strongly Agree
26. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
27. The instructor presented the content clearly and logically.	1	2	3	4
28. The instructor responded positively to questions and comments.	1	2	3	4
29. The instructor created a respectful environment for the participants.	1	2	3	4



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WEEK 4 (OR LAST WEEK OF TRAINING) EVALUATION QUESTIONS

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name

(insert just the month (example: S for Sara) (example: M for Maria)

for your date of birth:

08 for August)

Please rate your level of confidence in your ability to:

		Very Low	Low	High	Very High
6.	Identify a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
7.	Develop/redefine your vision and mission statements	1	2	3	4
8.	Serve individuals [at risk of human trafficking] [recently out of a trafficking situation] [who were trafficked in the past]	1	2	3	4
9.	Create a list of objectives for organizational change	1	2	3	4
10.	Identify elements of an action-planning process	1	2	3	4

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
11. As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
12. As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
13. As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
14. As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4
15. As a result of this week's training activities, I <insert learning="" objective="">.</insert>	1	2	3	4

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

Instructor 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
17. The instructor presented the content clearly and logically.	1	2	3	4



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18. The instructor responded positively to questions and comments.

1 2 3 4

19. The instructor created a respectful environment for the participants.

1 2 3 4

the participants.	1	2	3	4
Instructor 2:	Strongly Disagree	Disagree	Agree	Strongly Agree
20. The instructor demonstrated a comprehensive knowledge of the subject.	1	2	3	4
21. The instructor presented the content clearly and logically.	1	2	3	4
22. The instructor responded positively to questions and comments.	1	2	3	4
23. The instructor created a respectful environment for the participants.	1	2	3	4

24. Did the instructor(s) provide feedback on the mastery of the learning objectives?

— Yes — No

Please indicate the extent to which you agree or disagree with the following statements about the self-study materials for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. The materials addressed the learning objectives clearly.	1	2	3	4
26. The materials addressed the critical issues related to the topic(s).	1	2	3	4
27. The time allotted was adequate for the scope of the self-study materials.	1	2	3	4
28. The content of the material was appropriate for my level of experience and knowledge.	1	2	3	4
29. The materials increased my knowledge related to the topics.	1	2	3	4
30. The materials increased my practical skills related to the topics.	1	2	3	4
31. I am satisfied with the overall quality of the materials.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about the webinar for this week:

	Strongly Disagree	Disagree	Agree	Strongly Agree
32. The webinar addressed the learning objectives clearly.	1	2	3	4
33. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
34. The time allotted was adequate for the scope of material covered.	1	2	3	4
35. The webinar was well organized and clear.	1	2	3	4
36. The material was appropriate for my level of experience and knowledge.	1	2	3	4
37. The webinar increased my knowledge related to the topics.	1	2	3	4



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38. The webinar increased my practical skills related to the topics.	1	2	3	4
39. I am satisfied with the overall quality of the webinar.	1	2	3	4

OVERALL TRAINING EVALUATION QUESTIONS (FOR LAST WEEK OF TRAINING OR DISSEMINATED 1 WEEK AFTER COMPLETION OF THE COURSE)

	se provide the info	ormation below to create an	anonymous ID:		
 Birt	h Month	First letter of first name	First letter of your midd	le name	
,	ert just the month	(example: S for Sara)	(example: M for Maria)		
	your date of birth:				
08 1	or August)				
For	the next set of que	stions, please rate your resp	ponses based on the <u>over</u>	all training:	
1.	Did you receive con	ntinuing education credits for	r completing the training?	□ Yes	
Plea	ise click the numbe	r that best represents your ro	ating for this training for	each of the followin	g que
2.	Please rate the over	all quality of this training.			
	1	2	3	4	
	Poor	Fair	Good	Very Good	
2				Very Good	
3.	Please rate the <u>over</u>	all quality of the webinar po	rtion of this training.		
3.				Very Good	
3.	Please rate the <u>over</u>	all quality of the webinar po	rtion of this training.		
 4. 	Please rate the <u>over</u> 1 Poor	rall quality of the webinar por	rtion of this training. 3 Good	4 Very Good	n this
	Please rate the <u>over</u> 1 Poor	rall quality of the <u>webinar por</u> 2 Fair	rtion of this training. 3 Good	4 Very Good	ı this
	Please rate the <u>over</u> 1 Poor Please rate the <u>over</u>	rall quality of the webinar por 2 Fair rall quality of readings, video	rtion of this training. 3 Good s (excluding webinars), an	4 Very Good d worksheets used in	ı this
	Please rate the <u>over</u> 1 Poor Please rate the <u>over</u> 1	rall quality of the webinar por 2 Fair rall quality of readings, video	rtion of this training. 3 Good s (excluding webinars), an	4 Very Good Id worksheets used in	ı this
	Please rate the over 1 Poor Please rate the over 1 Poor	rall quality of the webinar por 2 Fair rall quality of readings, video	artion of this training. 3 Good (excluding webinars), and 3 Good	4 Very Good d worksheets used in 4 Very Good	
4.	Please rate the over 1 Poor Please rate the over 1 Poor	rall quality of the webinar por 2 Fair rall quality of readings, video 2 Fair	artion of this training. 3 Good (excluding webinars), and 3 Good	4 Very Good d worksheets used in 4 Very Good	



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

	Strongly Disagree	Disagree	Agree	Strongly Agree
6. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
7. The training met my educational needs.	1	2	3	4
8. The training met my professional needs.	1	2	3	4
The educational materials provided during this training were useful.	1	2	3	4
10. The activities provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.)	1	2	3	4
11. The time allotted was adequate for the scope of material covered.	1	2	3	4
12. The technology was easy to use.	1	2	3	4
13. The use of technology provided a good learning environment.	1	2	3	4
14. Overall, the instructors were knowledgeable about the content.	1	2	3	4
15. As a result of this SOAR training, I can <i><insert< i=""> <i>learning objective></i>.</insert<></i>	1	2	3	4
16. As a result of this SOAR training, I can <i><insert< i=""> <i>learning objective></i>.</insert<></i>	1	2	3	4
17. The training was survivor informed.	1	2	3	4
18. The training was trauma informed.	1	2	3	4
19. The training was based on current evidence-based research or promising practices.	1	2	3	4
20. The training reflects a public health approach to addressing human trafficking.	1	2	3	4
21. The training will be useful for my practice or for my professional development.	1	2	3	4
22. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
23. The training provided ample opportunity and encouragement for participants to meaningfully interact with each other.	1	2	3	4

24. As a result of participating in this SOAR training, do you plan to do any of the following? (Mark all that apply.)

Change my management/leadership or	Advocate or meet with leadership of my
interpersonal communication style	organization to develop/enhance vision, mission, or
Further develop skills and knowledge about serving	strategic plan
victims of trafficking	Advocate or meet with leadership of my
Write grants/fundraise/identify new funding	organization to develop/enact policy changes at my
resources	organization
	Improve programs/practices
	Improve technology/websites/infrastructure



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		Integrate victim-centered, survivor-informed strategies		Raise public awareness/advocacy/outreach activities offered to victims
		Expand services or types of services		Refer colleagues to NHTTAC events/resources
	П	Begin a new project or initiative	П	Conduct research
		Develop/strengthen collaborative or strategic		Strengthen evaluation or needs assessment
	ш	relationships		activities
		Network with other participants		Improve identification and reporting methods for
		Share materials with colleagues		trafficking
	П	Provide information to clients/families/youth		Take additional training on human trafficking
		Train/educate others in content/skills learned		Other (please specify):
25.		the barriers listed below, which do you believe will be a sign previous question? (Mark all that apply.)	ificant	challenge to performing the activities you selected in
		Lack of senior leadership support		Difficulty in establishing and/or maintaining a
		Lack of frontline support and accountability		multidisciplinary team
		Continuous turnover		Variation in mission and regulatory frameworks
		Shortages of key personnel		when partnering with other organizations
		Competing priorities		Lack of information and/or data sharing among
		Inaccessible research and/or information		organizations
		Lack of urgency		Lack of time to implement changes Lack of training for staff in how to implement
		Lack of shared responsibility across organizational		change
		collaboration		Other (please explain):
26.	Wo	ould you recommend SOAR to others to receiving training?		□ Yes □ No
27.	Wh	nat could be done differently to improve the training?		
28.	Wh	nich of the following best describes the organization in which y	you wor	k? (Mark all that apply.)
		Academic institution		Nonprofit/community-based organization
		Anti-trafficking organization		OTIP grantee
		Business/for-profit organization		Self-employed
		Coalition/multidisciplinary team/task force		Survivor-led organization
		Federal government		Tribal government
		Faith-based organization		Union/worker advocacy organization
		State/local government		Victim service provider
				Other (please specify):
29.	Wh	nich of the following best describes your professional capacity	or type:	s of services you provide? (Mark all that apply.)
		Behavioral health professional (e.g., psychologist,		Child welfare (e.g., state agency staff, child welfare
		psychiatrist, mental health/substance use counselor)		contractor, nonprofit personnel)



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		Criminal justice (e probation, court, for Educator (e.g., tea administrator) Health care (e.g., p nurse practitioner,	services (e.g., parole, p e.g., law enforcement, propersic interviewer) cher, professor, school ohysician, physician assidentist, nurse, pharmace worker, shelter director	rosecutor, istant, ist)		Public health (e.g., licensure board, he department staff, health care executive health workers) Social worker (e.g., case manager, sch counselor, supervisor, administrator) Survivor empowerment, mentoring, or Violence prevention (e.g., child abuse elder abuse, domestic violence, sexual youth violence)	e, community ool peer to peer and neglect,
			ration, civil and/or right	es-based		Other (please specify):	-
30.		your professional ca trafficking, or has be		do you come into cor	ntact w	vith a person who is currently being traf	ficked, at risl
		1	2	3		4	
		Never	Occasionally	Frequently		Daily	
		Yes [No sest describes the num	aber of years of expension	rience	tly being trafficked or have been traffick you have in your current field of work?	
		Less than 3 years	\Box 3–5 years	□ 6–10) years	More than 10 years	
33.	Wł	nich of the following	g best describes your pri	mary role in your cu	rrent p	position?	
		Direct delivery/from Management Other (please special	\Box V	onsultant/trainer olunteer		□ Administration□ Peer educator	
34.	Wł	nich of the following	g best describes your ge	ographic population	? (Maı	rk all that apply.)	
		Tribal	fy):	\Box R	ıl İrban ural uburba	an	
35.	Ple	ase select any of the	e following populations	you currently work v	vith in	a professional capacity. (Mark all tha	t apply.)
		children Sex traffi	cial sexual exploitation of	of		☐ Minors ☐ Labor trafficking ☐ Adults ☐ Minors Children/youth	



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	☐ Out of home/Foster care/Kinship care ☐ Juvenile justice ☐ Runaway/Homeless youth People with disabilities Deaf/Hearing impaired Elderly Lesbian, gay, bisexual, transgender, and questioning Foreign nationals (migrant workers, undocumented immigrants, refugees) People with low incomes Racial and ethnic minorities	 □ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaii or other Pacific Islander □ White □ Hispanic or Latino ethnicity □ History of substance use □ Intimate partner violence (e.g., dating, domestic violence) □ Gang-related crime □ Sexual abuse/Violence □ Other (please specify):
35. W	hat is your race? (Mark all that apply.)	
	American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White Other (please specify):	
36. W	hat is your ethnicity? (Mark all that apply.)	
	Hispanic or Latino Middle Eastern or North African Other (please specify):	
37. W	hat is your gender? (Mark all that apply.)	
	Male Female Transgender Other (please specify):	

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



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In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

CONFERENCE:		TRAINING:
DATE(S):		_
PRESENTER(S):		
PRE-TRAINING QUES	STIONS:	
Please provide the inform	nation below to create an an	nonymous ID:
Birth Month (insert just the month for your date of birth: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <insert learning="" objective=""></insert>	1	2	3	4
2. <insert learning="" objective=""></insert>	1	2	3	4
3. <insert learning="" objective=""></insert>	1	2	3	4
4. <insert learning="" objective=""></insert>	1	2	3	4
5. <insert learning="" objective=""></insert>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
STOP Objectives 6. <insert learning="" objective=""></insert>	Very Low	Low 2	High 3	Very High
·	·			
6. <insert learning="" objective=""></insert>	1	2	3	4
6. <insert learning="" objective=""></insert>7. <insert learning="" objective=""></insert>	1	2 2	3	4
 6. <insert learning="" objective=""></insert> 7. <insert learning="" objective=""></insert> 8. <insert learning="" objective=""></insert> 	1 1 1	2 2 2	3 3 3	4 4 4



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OBSERVE Objectives	Very Low	Low	High	Very High
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
14. <insert learning="" objective=""></insert>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <insert learning="" objective=""></insert>	1	2	3	4
16. <insert learning="" objective=""></insert>	1	2	3	4
17. <insert learning="" objective=""></insert>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
18. <insert learning="" objective=""></insert>	1	2	3	4
19. <insert learning="" objective=""></insert>	1	2	3	4
20. <insert learning="" objective=""></insert>	1	2	3	4
21. <insert learning="" objective=""></insert>	1	2	3	4
22. <insert learning="" objective=""></insert>	1	2	3	4
23. <insert learning="" objective=""></insert>	1	2	3	4

24. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

1	2	3	4
Never	Occasionally	Frequently	Daily



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POST-TRAINING QUESTIONS:

Please	provide	the	inforn	nation	below	to	create	an	anony	mous	ID	:

Birth Month (insert just the month for your date of birth:

08 for August)

First letter of first name (example: S for Sara)

First letter of your middle name (example: M for Maria)

[Note: Objectives selected for the post-training will mirror the objectives selected for the pre-training.]

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <insert learning="" objective=""></insert>	1	2	3	4
2. <insert learning="" objective=""></insert>	1	2	3	4
3. <insert learning="" objective=""></insert>	1	2	3	4
4. <insert learning="" objective=""></insert>	1	2	3	4
5. <insert learning="" objective=""></insert>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <insert learning="" objective=""></insert>	1	2	3	4
7. <insert learning="" objective=""></insert>	1	2	3	4
8. <insert learning="" objective=""></insert>	1	2	3	4
9. <insert learning="" objective=""></insert>	1	2	3	4
10. <insert learning="" objective=""></insert>	1	2	3	4
11. <insert learning="" objective=""></insert>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
14. <insert learning="" objective=""></insert>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <insert learning="" objective=""></insert>	1	2	3	4
16. <insert learning="" objective=""></insert>	1	2	3	4
17. <insert learning="" objective=""></insert>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High



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18. <insert learning="" objective=""></insert>	1	2	3	4
19. <insert learning="" objective=""></insert>	1	2	3	4
20. <insert learning="" objective=""></insert>	1	2	3	4
21. <insert learning="" objective=""></insert>	1	2	3	4
22. <insert learning="" objective=""></insert>	1	2	3	4
23. <insert learning="" objective=""></insert>	1	2	3	4

24.	Are you applying for continuing education credits for completing this training?	Yes	No
	If yes, provide your first and last name and email address:		_

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

Presenter 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
25. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
26. The presenter delivered the content of the session effectively.	1	2	3	4
27. The presenter responded positively to questions and comments.	1	2	3	4
28. The presenter created a respectful environment for participants.	1	2	3	4
Presenter 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
29. The presenter's knowledge and expertise were appropriate for this session.	1	2	3	4
30. The presenter delivered the content of the session effectively.	1	2	3	4
31. The presenter responded positively to questions and comments.	1	2	3	4
32. The presenter created a respectful environment for participants.	1	2	3	4
Conference Session Feedback	Strongly Disagree	Disagree	Agree	Strongly Agree
33. I am confident that I will be able to use the knowledge and skills I learned during the SOAR training when I return to my job.	1	2	3	4
34. The training met my educational needs.	1	2	3	4
35. The training met my professional needs.	1	2	3	4
36. The educational materials provided during this training were useful.	1	2	3	4
37. The activity provided appropriate and effective opportunities for active learning (case studies, discussion, Q&A, etc.).	1	2	3	4
<u>Paperwor</u>	k Reduction A	ct Notice		



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38. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
39. The training reflected a public health approach to addressing human trafficking.	1	2	3	4
40. I learned a great deal as a result of this training.	1	2	3	4
41. The training was survivor informed.	1	2	3	4
42. The training was trauma informed.	1	2	3	4
43. The training was based on current evidence-based research or promising practices.	1	2	3	4
44. The pace of this workshop was appropriate.	1	2	3	4
45. The workshop was a good way for me to learn the content.	1	2	3	4

46. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

47.	As	a result of participating in this training, do you plan to do any of	the fo	ollowing? (Mark all that apply.)
		Change my management/leadership or		Begin a new project or initiative
		interpersonal communication style		Develop/strengthen collaborative or strategic
		Further develop skills and knowledge about serving		relationships
		victims of trafficking		Network with other participants
		Write grants/fundraise/identify new funding		Share materials with colleagues
		resources		Provide information to clients/families/youth
		Advocate or meet with leadership of my		Train/educate others in content/skills learned
		organization to develop/enhance vision, mission, or strategic plan		Raise public awareness/advocacy/outreach activities offered to victims
		Advocate or meet with leadership of my		Refer colleagues to NHTTAC events/resources
		organization to develop/enact policy changes at my		Conduct research
		organization		Strengthen evaluation or needs assessment
		Improve programs/practices		activities
		Improve technology/websites/infrastructure		Improve identification and reporting methods for
	Ш	Integrate victim-centered, survivor-informed		trafficking
		strategies		Take additional training on human trafficking
		Expand services or types of services		Other (please specify):
48.		the barriers listed below, which do you believe will be a signifi previous question? (Mark all that apply.)	cant	challenge to performing the activities you selected in
		Lack of senior leadership support		Competing priorities
		Lack of frontline support and accountability		Inaccessible research and/or information
		Continuous turnover		Lack of urgency
		Shortages of key personnel		



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		Lack of shared responsibility across organizational collaboration		Lack of information and/or data sharing among organizations
		Difficulty in establishing and/or maintaining a		Lack of time to implement changes
		multidisciplinary team		Lack of training for staff in how to implement
		Variation in mission and regulatory frameworks		change
		when partnering with other organizations		Other (please explain):
49.	Wo	ould you recommend SOAR training to others?	□ Y	es 🗆 No
50.	Wh	ich of the following best describes the organization in which	you worl	k? (Mark all that apply.)
		Academic institution		Nonprofit/Community-based organization
		Anti-trafficking organization		OTIP grantee
		Business/For-profit organization		Self-employed
		Coalition/Multidisciplinary team/Task force		Survivor-led organization
		Federal government		Tribal government
		Faith-based organization		Union/Worker advocacy organization
		State/Local government		Victim service provider
				Other (please specify):
51.	-	your organization responsible for working with people who are Yes No	e current	ly being trafficked or have been trafficked?
52.	Wh	ich of the following best describes your professional capacity	y or types	of services you provide? (Mark all that apply.)
		Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor)		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
		Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		Public health (e.g., licensure board, health department staff, health care executive, community
		Corrections-based services (e.g., parole, probation)		health workers)
		Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer)		Social worker (e.g., case manager, school counselor, supervisor, administrator)
		Educator (e.g., teacher, professor, school		Survivor empowerment, mentoring, or peer to peer
		administrator)		Violence prevention (e.g., child abuse and neglect,
		Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)		elder abuse, domestic violence, sexual violence, youth violence)
		Housing (e.g., case worker, shelter director, public housing authority agencies)		Other (please specify):

53. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?



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	1	2		3		4	
	Never	Occasionally		Frequently		Daily	
54. W	hich of the follow	ing best describes the	numbe	er of years of ex	perience	you have in yo	ur current field of work?
	Less than 3 year	s \(\sigma 3-5 y\epsilon	ears	□ 6-	-10 years		More than 10 years
55. W	hich of the follow	ing best describes you	ır prima	ary role in your	current p	osition?	
	Direct delivery/l	Frontline staff		Consultant/Tra	ainer		Administration
	Management			Volunteer			Peer educator
	Other (please sp	ecify):					
56 W	hich of the follow	ing best describes you	ır gengi	raphic population	on? (Mar	·k all that ann	lv.)
л. П	National	ing best describes you	500B	_ Lo		ii uii tiiut upp	3.9
		ecify):		П	Urban		
	Tribal				Rural		
	International (pl	ease specify country):			Suburba	an	
57. Ple	ease select any of	the following populat	ions yo	u currently wor	k with in	a professional	capacity (Mark all that apply.)
	Human trafficki	ng	•	•		Foreign nation	nals (migrant workers, undocumen
	□ Comm	ercial sexual exploita	ion of			immigrants, re	efugees)
	childre					People with lo	
	☐ Sex tra	fficking					nnic minorities
		Adults					rican Indian or Alaska Native
		Minors				□ Asia	
		trafficking					k or African American
		Adults					ve Hawaii or other Pacific Islande
	Clail due no/accastla	Minors				☐ Whit	
	Children/youth Out of	home/Foster care/Kir	shin co	ro		☐ Hisp History of sub	anic or Latino ethnicity
		le justice	isinp ca	ii e			ner violence (e.g., dating, domestic
		ay/Homeless youth				violence)	ici violence (e.g., dating, domestic
	People with disa					Gang-related	crime
П	Deaf/Hearing in				П	Sexual abuse/	
	Elderly	r					specify):
		sexual, transgender, a	nd			VI	. ,
50 D	a vou hava any aos	mments or suggestion	s for fu	tura SOAD rala	atad train	ings?	
70. D(you have any co	mments of suggestion	s 10f 1U	iuie SOAK-lela	ucu traini	ings (

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



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In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

PRE-TRAINING EVALUATION QUESTIONS:

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name

(insert just the month (example: S for Sara) (example: M for Maria)

for your date of birth:

08 for August)

[Note: Not all objectives listed below will be included in the evaluation form. Specific objectives will be selected from this list and tailored to each training.]

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <insert learning="" objective=""></insert>	1	2	3	4
2. <insert learning="" objective=""></insert>	1	2	3	4
3. <insert learning="" objective=""></insert>	1	2	3	4
4. <insert learning="" objective=""></insert>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
5. <insert learning="" objective=""></insert>	1	2	3	4
6. <insert learning="" objective=""></insert>	1	2	3	4
7. <insert learning="" objective=""></insert>	1	2	3	4
8. <insert learning="" objective=""></insert>	1	2	3	4
9. <insert learning="" objective=""></insert>	1	2	3	4
10. <insert learning="" objective=""></insert>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
11. <insert learning="" objective=""></insert>	1	2	3	4
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
14. <insert learning="" objective=""></insert>	1	2	3	4



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15. <insert learning="" objective=""></insert>	1	2	3	4
16. <insert learning="" objective=""></insert>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
17. <insert learning="" objective=""></insert>	1	2	3	4
18. <insert learning="" objective=""></insert>	1	2	3	4
19. <insert learning="" objective=""></insert>	1	2	3	4
20. <insert learning="" objective=""></insert>	1	2	3	4
21. <insert learning="" objective=""></insert>	1	2	3	4
22. <insert learning="" objective=""></insert>	1	2	3	4

23. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of trafficking, or have been trafficked?

1	2	3	4
Never	Occasionally	Frequently	Daily



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POST-TRAINING QUESTIONS:

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name

(insert just the month (example: S for Sara)

(example: M for Maria)

for your date of birth:

08 for August)

[Note: Objectives selected for the posttest will mirror the objectives selected for the pretest].

Please rate your level of confidence in your ability to:

Overall Objectives	Very Low	Low	High	Very High
1. <insert learning="" objective=""></insert>	1	2	3	4
2. <insert learning="" objective=""></insert>	1	2	3	4
3. <insert learning="" objective=""></insert>	1	2	3	4
4. <insert learning="" objective=""></insert>	1	2	3	4
5. <insert learning="" objective=""></insert>	1	2	3	4
STOP Objectives	Very Low	Low	High	Very High
6. <insert learning="" objective=""></insert>	1	2	3	4
7. <insert learning="" objective=""></insert>	1	2	3	4
8. <insert learning="" objective=""></insert>	1	2	3	4
9. <insert learning="" objective=""></insert>	1	2	3	4
10. <insert learning="" objective=""></insert>	1	2	3	4
11. <insert learning="" objective=""></insert>	1	2	3	4
OBSERVE Objectives	Very Low	Low	High	Very High
12. <insert learning="" objective=""></insert>	1	2	3	4
13. <insert learning="" objective=""></insert>	1	2	3	4
14. <insert learning="" objective=""></insert>	1	2	3	4
ASK Objectives	Very Low	Low	High	Very High
15. <insert learning="" objective=""></insert>	1	2	3	4
16. <insert learning="" objective=""></insert>	1	2	3	4
17. <insert learning="" objective=""></insert>	1	2	3	4
RESPOND Objectives	Very Low	Low	High	Very High
18. <insert learning="" objective=""></insert>	1	2	3	4



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19. <insert learning="" objective=""></insert>	1	2	3	4	
20. <insert learning="" objective=""></insert>	1	2	3	4	
21. <insert learning="" objective=""></insert>	1	2	3	4	
22. <insert learning="" objective=""></insert>	1	2	3	4	
23. <insert learning="" objective=""></insert>	1	2	3	4	
24. Are you applying for continuing education credits for completing this training?					
If yes, please provide your first and last name and email address:					

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
25. I am confident that I will be able to use the knowledge and skills I learned during SOAR training when I return to my job.	1	2	3	4
26. The training met my educational needs.	1	2	3	4
27. The training met my professional needs.	1	2	3	4
28. The educational materials provided during this training were useful.	1	2	3	4
29. The use of technology provided a good learning environment.	1	2	3	4
30. The training included current evidence-based research or promising practices.	1	2	3	4
31. I learned a great deal as a result of this training.	1	2	3	4
32. The training was survivor informed.	1	2	3	4
33. The training was trauma informed.	1	2	3	4
34. The training was based on current evidence-based research or promising practices.	1	2	3	4
35. The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
36. The training reflected a public health approach to addressing human trafficking.	1	2	3	4

37. Please rate the overall quality of this training.

1	2	3	4
Poor	Fair	Good	Excellent

Change my management/leadership or	Further develop skills and knowledge about serving
interpersonal communication style	victims of trafficking



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		Write grants/fundraise/identified new funding		Network with other participants
		resources		Share materials with colleagues
		Advocate or meet with leadership of my		Provide information to clients/families/youth
		organization to develop/enhance vision, mission, or		Train/educate others in content/skills learned
		strategic plan		Raise public awareness/advocacy/outreach
		Advocate or meet with leadership of my		activities offered to victims
		organization to develop/enact policy changes at my		Refer colleagues to NHTTAC events/resources
		organization		Conduct research
		Improve programs/practices		Strengthen evaluation or needs assessment
		Improve technology/websites/infrastructure Integrate victim-centered, survivor-informed		activities
		strategies		Improve identification and reporting methods for
		Expand services or types of services		trafficking
		Begin a new project or initiative		Take additional training on human trafficking
		Develop/strengthen collaborative or strategic		Other (please specify):
		relationships		
39.	the	the barriers listed below, which do you believe will be a signi previous question? (Mark all that apply.)		
		Lack of senior leadership support		Difficulty in establishing and/or maintaining a
		Lack of frontline support and accountability Continuous turnover		multidisciplinary team Variation in mission and regulatory frameworks
		Shortages of key personnel		when partnering with other organizations
		Competing priorities		Lack of information and/or data sharing among
		Inaccessible research and/or information		organizations
		Lack of urgency		Lack of time to implement changes
		Lack of shared responsibility across organizational		Lack of training for staff in how to implement
		collaboration		change
				Other (please explain):
40.	Wh	at suggestions do you have for improving future trainings?		
41.	Wo	ould you recommend this SOAR training to others?	□ Y	es 🗆 No
42.	Wh	ich of the following best describes the organization in which y	ou wor	k? (Mark all that apply.)
		Academic institution		State/local government
		Anti-trafficking organization		Nonprofit/community-based organization
		Business/for-profit organization		OTIP grantee
		Coalition/multidisciplinary team/task force		Self-employed
		Federal government		Survivor-led organization
		Faith-based organization		Tribal government



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		Union/worker advo Victim service prov			□ O	ther (please specify):
43.	Is y	your organization resp	ponsible for working wi	th people who are cu	rrently b	being trafficked or have been trafficked?
		Yes □ No				
44.	Wł	nich of the following	best describes your pro	fessional capacity or	types of	services you provide? (Mark all that apply.)
		-	rofessional (e.g., psycholealth/substance use co	_		egal (e.g., immigration, civil and/or rights-based torney and/or paralegal, clinic)
		contractor, nonprof	=		de	ublic health (e.g., licensure board, health epartment staff, health care executive, community ealth workers)
			services (e.g., parole, pr g., law enforcement, pro rensic interviewer)			peaun workers) ocial worker (e.g., case manager, school ounselor, supervisor, administrator)
		Educator (e.g., teacadministrator)	her, professor, school			urvivor empowerment, mentoring, or peer to peer iolence prevention (e.g., child abuse and neglect,
		nurse practitioner, o	nysician, physician assistentist, nurse, pharmaci	st)	yo	der abuse, domestic violence, sexual violence, buth violence) ther (please specify):
		housing (e.g., case housing authority a	worker, shelter director gencies)	, public		
45.		trafficking, or has bee	en trafficked?		act with	a person who is currently being trafficked, at risk
45.				o you come into cont 3 Frequently	act with	a person who is currently being trafficked, at risk 4 Daily
46.	of t Wh □	1 Never nich of the following Less than 3 years	en trafficked? 2 Occasionally	Frequently our of years of experion	ence you years	Daily have in your current field of work? More than 10 years
46.	of t Wh □	1 Never nich of the following Less than 3 years nich of the following Direct delivery/From Management	2 Occasionally best describes the numl 3-5 years best describes your print	Frequently ber of years of experi 6-10 mary role in your currensultant/trainer	ence you years rent posi	Daily have in your current field of work? More than 10 years
46.	With the second	1 Never nich of the following Less than 3 years nich of the following Direct delivery/From Management Other (please specif	2 Occasionally best describes the number of 3–5 years best describes your printed control of the control of t	Frequently oer of years of experi 6–10 mary role in your curr nsultant/trainer llunteer	ence you years rent posi	Daily have in your current field of work? More than 10 years tion? Administration Peer educator
46.	WH	Never ich of the following Less than 3 years ich of the following Direct delivery/From Management Other (please specification of the following) National	2 Occasionally best describes the number of the staff of the control of the cont	Frequently ber of years of experi 6–10 mary role in your currensultant/trainer elunteer graphic population? Loca	ence you years rent posi	Daily have in your current field of work? More than 10 years tion? Administration Peer educator
46.	WH	Never ich of the following Less than 3 years ich of the following Direct delivery/From Management Other (please specification of the following) National	2 Occasionally best describes the number of the staff of the control of the cont	Trequently ber of years of experi 6-10; mary role in your curr nsultant/trainer ographic population? Loca Urb Rui	ence you years rent posi	Daily have in your current field of work? More than 10 years tion? Administration Peer educator



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49.	Ple	ase select any of the following populations you currently v	work with	n in a professional capacity. (Mark all that apply.)
49.	Ple	Human trafficking Commercial sexual exploitation of children Sex trafficking Adults Minors Labor trafficking Adults Minors Children/youth Out of home/Foster care/Kinship care Juvenile justice	work with	Foreign nationals (migrant workers, undocumented immigrants, refugees) People with low incomes Racial and ethnic minorities American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White Hispanic or Latino ethnicity History of substance use
		Runaway/Homeless youth People with disabilities Deaf/Hearing impaired Elderly Lesbian, gay, bisexual, transgender, and questioning		Intimate partner violence (e.g., dating, domestic violence) Gang-related crime Sexual abuse/Violence Other (please specify):
50.	Wh	American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White Other (please specify):		
51.	Wh	nat is your ethnicity? (Mark all that apply.) Hispanic or Latino Middle Eastern or North African Other (please specify):		
52.	Wh	nat is your gender? (Mark all that apply.) Male Female Transgender Other (please specify):		

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



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In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

DATE(S): CONSULTANT(S)/FACILITATOR(S):							
Please provide the info	rmation below to create an	anonymous ID:					
Birth Month	First letter of first name	First letter of your middle name					
(insert just the month for your date of birth: 08 for August)	(example: S for Sara)	(example: M for Maria)					

Please rate the extent to which you agree or disagree that the SOAR for Communities training will help your community achieve the following objectives:

LEARNING OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree
1. <insert learning="" objective=""></insert>	1	2	3	4
2. <insert learning="" objective=""></insert>	1	2	3	4
3. <insert learning="" objective=""></insert>	1	2	3	4
4. <insert learning="" objective=""></insert>	1	2	3	4

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

O	VERALL TRAINING	Strongly Disagree	Disagree	Agree	Strongly Agree
5.	The training reflected a public health approach to addressing human trafficking.	1	2	3	4
6.	The training helped me identify potential language and cultural barriers my community might face in responding to human trafficking.	1	2	3	4
7.	The training was trauma informed.	1	2	3	4
8.	The training was survivor informed.	1	2	3	4
9.	The training was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
10.	The training included evidence-based research or promising practices.	1	2	3	4
11.	The training will positively impact my community's response to human trafficking.	1	2	3	4

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 9 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



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12. The training met my educational needs.123413. The training met my professional needs.1234

A Training for Health Care and Social Service Providers

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

SESSION 1: WHAT IS A PUBLIC HEALTH APPROACH?	Strongly Disagree	Disagree	Agree	Strongly Agree
14. This session helped me understand a public health approach to human trafficking.	1	2	3	4
15. I feel confident in my ability to apply what I learned about a public health approach to trafficking in my daily work.	1	2	3	4
16. Learning about a public health approach to trafficking will positively impact my community's ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4
17. This session was trauma informed.	1	2	3	4
18. This session was survivor informed.	1	2	3	4
19. This session helped me define a trauma-informed and survivor-informed response.	1	2	3	4
20. This session helped me define a cultural and linguistically appropriate response.	1	2	3	4
21. This session was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4
22. I learned practical ways to apply a trauma-informed framework in my daily work through this session.	1	2	3	4
23. This session improved my knowledge in responding to a person who is currently being trafficked, at risk of trafficking, or has been trafficked.	1	2	3	4
24. I will be able to apply what I learned about trauma in my daily work.	1	2	3	4
SESSION 2: STOP	Strongly Disagree	Disagree	Agree	Strongly Agree
25. This session helped expand my understanding of all types of human trafficking.	1	2	3	4
26. This session helped expand my ability to identify at-risk populations.	1	2	3	4
27. This session helped me identify populations in my community vulnerable to trafficking.	1	2	3	4
28. This session helped increase my awareness of instances of trafficking within my community.	1	2	3	4
29. I have identified the major challenges my community might face in understanding human trafficking.	1	2	3	4
30. I have drafted potential action items and solutions to help my community mitigate challenges in understanding human trafficking.	1	2	3	4
31. I will be able to apply what I learned about understanding human trafficking in my daily work.	1	2	3	4
SESSION 3: OBSERVE	Strongly Disagree	Disagree	Agree	Strongly Agree
32. This session helped me recognize warning signs of human	1	2	3	4

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Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
-			
1	2	3	4
	1 1 1 1 Strongly Disagree 1 1 1 1 Strongly Disagree 1 1 1 1 1 1	1 2 1 2 1 2 1 2 Strongly Disagree Disagree 1 2 1 2 1 2 1 2 1 2 Strongly Disagree Disagree 1 2	1 2 3 1 2 3 1 2 3 1 2 3 Strongly Disagree Disagree Agree 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 Strongly Disagree Disagree Agree 1 2 3

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

FACILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
50. The facilitator's knowledge and expertise were appropriate for the training.	1	2	3	4
51. The facilitator moved through the strategic planning agenda effectively.	1	2	3	4
52. The facilitator responded positively to questions and comments.	1	2	3	4
53. The facilitator created a respectful environment for participants.	1	2	3	4
54. The facilitator encouraged and initiated helpful discussions.	1	2	3	4

Paperwork Reduction Act Notice

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A Training for Health Care and Social Service Providers **FACILITATOR 2:** Disagree **Strongly Disagree Strongly Agree** Agree 55. The facilitator's knowledge and expertise were appropriate for the 3 1 2 4 56. The facilitator moved through the strategic planning agenda 1 2 3 4 effectively. 2 3 57. The facilitator responded positively to questions and comments. 1 4 58. The facilitator created a respectful environment for participants. 1 2 3 4 2 59. The facilitator encouraged and initiated helpful discussions. 1 3 4 **Strongly Disagree** Disagree **FACILITATOR 3:** Agree **Strongly Agree** 60. The facilitator's knowledge and expertise were appropriate for the 1 3 4 training. 61. The facilitator moved through the strategic planning agenda 2 1 3 4 effectively. 1 2 3 4 62. The facilitator responded positively to questions and comments. 63. The facilitator created a respectful environment for participants. 4 64. The facilitator encouraged and initiated helpful discussions. 2 3 4 1 **LOGISTICS** Strongly Disagree Disagree Agree **Strongly Agree** 65. Overall, this was an effective way to support the content and purpose 3 4 1 2 of the strategic planning process. 66. The training was well organized. 1 2 3 4 67. The meeting space and use of technology provided a good learning 1 2 3 4 environment. 68. NHTTAC was responsive to my questions and needs. 1 2 3 4

69.	lowing the training, what three steps will you take to enhance your community's response to human ficking?
	a
	b
	c
70.	w do you plan to engage survivors in implementing your strategic plan?

71. Following the training, how prepared do you feel to take steps toward addressing human trafficking in your community?

1 2 3 4

Not At All Prepared Somewhat Prepared Mostly Prepared Completely Prepared



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

72. Please rate the <u>overall</u> quality of this training.

	Poor	Fair	Good		Excellent
What coul	d NHTTAC do in	the future to enhance y	our level of pr	epar	edness <u>during</u> this type of SOAR T/TA?
What coul T/TA?	d NHTTAC do in	the future to enhance y	our level of pr	epar	redness following this type of SOAR
Would you	recommend NHT	TAC to others to recei	ve T/TA?		□ Yes □ No
Which of t	he following best	describes the organizat	ion in which y	ou w	vork? (Mark all that apply.)
Academ	ic institution			O	ΓIP grantee
Anti-traf	ficking organizati	on		Se	lf-employed
Business	/For-profit organi	zation		Su	rvivor-led organization
Coalition	n/Multidisciplinar	y team/Task force		Tr	ibal government
Federal g	government			Un	nion/Worker advocacy organization
Faith-ba	sed organization			Vi	ctim service provider
State/Lo	cal government			Ot	her (please specify):
Nonprof	it/Community-bas	ed organization			
Is your or ☐ Yes	ganization respon		people who are	e cur	rently being trafficked or have been traffick
			sional capacity	or t	ypes of services you provide? (Mark all th
apply.)					
Behavio	ral health professi	onal (e.g.,			Health care (e.g., physician, physician
	gist, psychiatrist,				assistant, nurse practitioner, dentist, nurse
	ibstance use couns				pharmacist)
	elfare (e.g., state a	• •			Housing (e.g., case worker, shelter direct
	contractor, nonpro	• ′			public housing authority agencies)
	ons-based services	s (e.g., parole,			Legal (e.g., immigration, civil and/or right
probatio		_			based attorney and/or paralegal, clinic)
	justice (e.g., law				Public health (e.g., licensure board, healt
_	or, probation, cou	rt, forensic			department staff, health care executive,
interviev				_	community health workers)
	r (e.g., teacher, pro	otessor, school			Social worker (e.g., case manager, schoo
administ	rator)				counselor, supervisor, administrator)

Paperwork Reduction Act Notice

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SOAR SPECIALIZED T/TA



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	A	Training for Health Care	and Social Serv	rice Providers		
	Survivor empowerment, ment	oring, or peer to		☐ Other (p	lease specify):	
	peer					
	Violence prevention (e.g., chi					
	neglect, elder abuse, domestic	violence, sexual				
	violence, youth violence)					
	In your professional capacity, he			ntact with a p	erson who is curren	tly being
t	trafficked, at risk of trafficking,	or has been trafficked	1?			
	1	2	3		4	
	1	<u> </u>	3		4	
	Never	Occasionally	Freque	ntly	Daily	
80	Which of the following best de	escribes the number of	f vears of eyn	erience vou h	ave in vour current	field of work?
	_		-	-	-	
	Less than 3 years	\Box 3–5 years	□ 6-	-10 years	☐ More that	an 10 years
81.	Which of the following best de	escribes your primary	role in your o	current positio	n?	
	Direct delivery/frontline staff		tant/trainer	_		
	Management	□ Volunt				
	Other (please specify):				1 cer educator	
	1 1 3/					
82.	Which of the following best de	escribes your geograph	hic population	n? (Mark all t	that apply.)	
П	National		□ L ₀	ncal		
	State (please specify):			Urban		
П	Tribal			Rural		
	International (please specify of	country):				
	T T T	, , , , , , , , , , , , , , , , , , ,				
	Please select any of the followi	ng populations you cu	arrently work	with in a prof	fessional capacity. (Mark all that
	apply.)					
	Human trafficking			Foreign natio	onals (migrant work	ers, undocumented
	☐ Commercial sexual explo	itation of		immigrants,		
	children			People with	low incomes	
	☐ Sex trafficking			Racial and et	thnic minorities	
	\Box Adults			\Box Am	erican Indian or Ala	iska Native
	□ Minors			☐ Asia	an	
	☐ Labor trafficking			□ Blac	ck or African Amer	ican
	\Box Adults			□ Nat	ive Hawaii or other	Pacific Islander
	\square Minors			□ Wh	ite	
	Children/youth			□ His	panic or Latino ethn	nicity
	☐ Out of home/Foster care/l	Kinship care		History of su		•
	☐ Juvenile justice	ī		•	ner violence (e.g., d	lating, domestic
	☐ Runaway/Homeless youth	h		violence)	(2 /	<i>C</i> ,
	People with disabilities			Gang-related	crime	
	Deaf/Hearing impaired			Sexual abuse		
	Elderly				e specify):	
	Lesbian, gay, bisexual, transge	ender, and		Q ·	1 3/	
_	questioning	- ,				

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

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Birth Month (insert just the month for your date of birth, example: 08 for August) First letter of first name (example: S for Sara)		First letter of your middle name (example: M for Maria)				
T/TA:	DATE(S):					
CONSULTANT FACILITATOR(S):						
NUTTAGGGGGDDINA	ΓOR:					
	he training met each stated objec		Fair	Good	Excellent	
Please indicate how well t	he training met each stated objec	ctive.				
Please indicate how well to OVERALL OBJECTIVE 1. [Insert objective 1].	he training met each stated objec	Poor	Fair	Good 3		
OVERALL OBJECTIVE 1. [Insert objective 1]. 2. [Insert objective 2].	he training met each stated objec	ctive.	Fair	Good	Excellent	
Please indicate how well to OVERALL OBJECTIVE 1. [Insert objective 1].	he training met each stated objec	Poor	Fair	Good 3	Excellent 4	
OVERALL OBJECTIVE 1. [Insert objective 1]. 2. [Insert objective 2].	he training met each stated objec	Poor 1 1	Fair 2 2	Good 3	Excellent 4 4	

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

FA	CILITATOR 1:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7.	The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
8.	The facilitator clearly and logically presented the content.	1	2	3	4	NA
9.	The facilitator responded well to questions and comments.	1	2	3	4	NA
10.	The facilitator created a respectful environment for participants.	1	2	3	4	NA
11.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
FA	CILITATOR 2:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
12.	The facilitator demonstrated a comprehensive knowledge of the subject.	1	2	3	4	NA
13.	The facilitator clearly and logically presented the content.	1	2	3	4	NA
14.	The facilitator responded well to questions and comments.	1	2	3	4	NA
15.	The facilitator created a respectful environment for participants.	1	2	3	4	NA
16.	The facilitator encouraged and initiated helpful discussions.	1	2	3	4	NA
Ov	TERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
17.	The T/TA reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
18.	The T/TA helped me identify potential language and cultural barriers my organization might face in responding to human trafficking.	1	2	3	4	NA
19.	The T/TA was trauma informed.	1	2	3	4	NA
20.	The T/TA was survivor informed.	1	2	3	4	NA
21.	The T/TA was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
22.	The T/TA included evidence-based research or promising practices.	1	2	3	4	NA
23.	The T/TA will positively impact my organization's response to human trafficking.	1	2	3	4	NA
24.	This T/TA met my educational needs.	1	2	3	4	NA
25.	This T/TA met my professional needs.	1	2	3	4	NA
26.	This T/TA changed [my/my organization's] attitudes on trauma-informed approaches to addressing trafficking	1	2	3	4	NA
27.	This T/TA increased my professional networking or peer support	1	2	3	4	NA
28.	This T/TA increased knowledge to inform a human trafficking public health response.	1	2	3	4	NA

T/TA ACTIVITY:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
29. [insert T/TA activity objective].	1	2	3	4	NA
30. [insert T/TA activity objective].	1	2	3	4	NA
31. [insert T/TA activity objective].	1	2	3	4	NA
32. [insert T/TA activity objective].	1	2	3	4	NA
33. [insert T/TA activity objective].	1	2	3	4	NA
34. [insert T/TA activity objective].	1	2	3	4	NA
35. [insert T/TA activity objective].	1	2	3	4	NA
36. [insert T/TA activity objective].	1	2	3	4	NA
37. [insert T/TA activity objective]	1	2	3	4	NA
38. [insert T/TA activity objective].	1	2	3	4	NA
PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
39. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
40. NHTTAC was effective in identifying an appropriate grantee to help with our request.	1	2	3	4	NA
41. NHTTAC staff was detail-oriented and thorough in the planning of this T/TA.	1	2	3	4	NA
42. NHTTAC was timely throughout the planning process.	1	2	3	4	NA
43. The planning for this T/TA was well coordinated.	1	2	3	4	NA

44. Please rate the overall quality of this T/TA.

1	2	3	4
Poor	Fair	Good	Excellent

45. How satisfied were you with your overall NHTTAC experience?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

46. How well did this assistance meet your expectations?

1	2	3	4
Far Below My	Did Not Meet My	Met My	Exceeded My
Expectations	Expectations	Expectations	Expectations

47. How responsive was NHTTAC to your needs following the T/TA?

1	2	3	4	
Completely Unresponsive	Unresponsive	Responsive	Very Responsive	
8. Would you recommer	nd NHTTAC to others to	receive T/TA?	□ Yes □ No	
9. What are three things	you plan to do as a result	of this T/TA?		
O. Following this T/TA,	how prepared do you feel	to take steps toward ac	ddressing human trafficking in your organization	ation?
1	2	3	4	
Not At All Prepare	d Somewhat Prepare	ed Mostly Prepar	red Completely Prepared	
1. What could NHTTAC	C do in the future to enhan	ice your level of prepare	edness during this type of T/TA?	
2. What could NHTTAC	C do in the future to enhan	nce your level of prepare	edness <u>following</u> this type of T/TA?	
2. What acreats of the T	TA was most halpful on	.dh?		
5. what aspects of the 1	/TA were most helpful an			
4. What could NHITAC	C do differently to improve	e similar T/TA requests	s in the future?	
5. Do you have any other	er comments or suggestion	ns?		



56. Wh	nich of the following best describes the organizat	ion in which you work	c? (Mark all that apply.)
	Academic Institution		OTIP grantee
	Anti-trafficking organization		Self-employed
	Business/For-profit organization		Survivor-led organization
	Coalition/Multidisciplinary team/Task force		Tribal government
	Federal government		Union/Worker advocacy organization
	Faith-based organization		Victim service provider
	State and local government		Other, please specify:
	Nonprofit/Community-based organization		
57. Is yo	our organization responsible for working with peo	ople who are currently	being trafficked or have been trafficked?
$\Box Y$	es □ No		
58. Whi apply.)	ch of the following best describes your profession	onal capacity or types of	of services you provide? (Mark all that
	Behavioral health professional (e.g., psycholog psychiatrist, mental health/substance use couns		Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic)
	Child welfare (e.g., state agency staff, child we contractor, nonprofit personnel)	lfare	Public health (e.g., licensure board, health department staff, health care executive, community
	Corrections-based services (e.g., parole, probat	ion)	health workers)
	Criminal justice (e.g., law enforcement, prosect probation, court, forensic interviewer)	utor,	Social worker (e.g., case manager, school counselor, supervisor, administrator)
	Educator (e.g., teacher, professor, school		Survivor empowerment, mentoring, or peer to peer
	administrator)		Violence prevention (e.g., Child abuse and neglect;
	Health care (e.g., physician, physician assistant nurse practitioner, dentist, nurse, pharmacist)	•	elder abuse; domestic violence, sexual violence, youth violence)
	Housing (e.g., case worker, shelter director, pul housing authority agencies)	blic	Other (please specify):
59. Wh	ich of the following best describes the number of	f years of experience y	ou have in your current field of work? (Mark one.)
	Less than 3 years □ 3 to 5 years	☐ 6 to 10 years	☐ More than 10 years
60. Wh	ich of the following best describes your primary	role in your current po	osition?
П	Direct delivery/frontline staff □ Co	nsultant/Trainer	□ Administration
	•	lunteer	
	_	er Educator	
	- · · · · · · · · · · · · · · · · · · ·		



61. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

	1	2	3		4
	Never	Occasionally	Frequently		Daily
52. Whic	ch of the	following best describes your g	eographic population?	(Mar	k all that apply.)
				`	11 0 /
	National		□ Local	l	
	State (pi Fribal	ease specify):	□ Ur	oan ıral	
		onal (please specify country):	□ Sul		n
_		onar (prease specify country).	□ 5ui	Juiva	11
53. Pleas	se select	any of the following population	s you currently work wi	th in	a professional cap
	Human	trafficking			, 0 ,
		Commercial sexual exploitation	n of	_	questioning
		children			Foreign national
		Sex trafficking			immigrants, refu People with low
		☐ Adults☐ Minors			Racial and ethnic
		Labor trafficking			☐ Americ
		☐ Adults			☐ Asian
		☐ Minors			☐ Black o
	Childre				□ Native
		Out of home/Foster care/Kinsh	ip care		□ White
		Juvenile justice			☐ Hispani
		Runaway/Homeless youth			History of substa
		with disabilities			Domestic and da
		earing impaired			Gang-related cri
	Elderly				Sexual abuse/Vi
					Other (Please sp
54. Wha	t is your	race? (Mark all that apply.)			
	Americ	an Indian or Alaska Native			
	Asian				
		r African American			
		Hawaii or other Pacific Islander			
	White				
	Other (1	please specify):			

65. Wl	nat is your ethnicity? (Mark all that apply.)
	Hispanic or Latino
	Middle Eastern or North African
	Other (please specify):
00. WI	nat is your gender? (Mark all that apply.) Male
	Female
	Tomate
Ш	Transgender

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

example: 08 for August)

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:						
Birth Month	First letter of first name	First letter of your middle name				
(insert just the month	(example: S for Sara)	(example: M for Maria)				
for your <i>date of birth</i> ,						

Please rate the extent to which to you agree or disagree that the fellowship has helped your organization achieve the following objectives.

	LLOWSHIP OBJECTIVES	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
1.	The fellowship increased my leadership skills.	1	2	3	4	NA
2.	The fellowship increased my skills and knowledge about survivor-informed practices.	1	2	3	4	NA
3.	The fellowship increased my skills and knowledge about current evidence-based research and promising practices.	1	2	3	4	NA
4.	The fellowship increased my skills and knowledge about a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
5.	The fellowship increased my skills and knowledge on a public health response to human trafficking.	1	2	3	4	NA
6.	The fellowship met my professional needs.	1	2	3	4	NA
7.	The fellowship met my educational needs.	1	2	3	4	NA
8.	I remained engaged with my partner organization in the fellowship throughout its entirety.	1	2	3	4	NA
9.	[insert objective here].	1	2	3	4	NA
10.	[insert objective here].	1	2	3	4	NA

11. Please list any other personal goals		

	How were you invited to participate in this fellowship?						
	Do you think NHTTAC should do anything differently when selecting people to participate in this fellowship?						

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

ORGANIZATIONAL AUDIT	Strongly Disagree	Disagree	Agree	Strongly Agree
14. The organization was cooperative during the organizational audit.	1	2	3	4
15. I had the appropriate tools and resources to conduct the organizational audit.	1	2	3	4
16. I had adequate time to collaborate with the organization I was partnered with in this fellowship on the organizational audit.	1	2	3	4
17. The organizational audit helped identify gaps in the organization's service provision to people who are currently being trafficked, at risk of trafficking, or have been trafficked	1	2	3	4
18. [insert objective].	1	2	3	4
19. [insert objective].	1	2	3	4
20. I would recommend keeping the organizational audit as part of future survivor fellowships organized by NHTTAC.	1	2	3	4
ACTION PLAN	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The action plan was developed collaboratively between me and the partner organization.	1	2	3	4
22. My partner organization and I had the appropriate tools and resources to develop the action plan.	1	2	3	4
23. The action plan we developed defined clear roles and responsibilities.	1	2	3	4
24. The action plan we developed accounted for the partner organization's culture and structure.	1	2	3	4
25. The action steps we created were grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4



NATIONAL HUMAN TRAFFICKING OMB Control Number: 0970-XXXX TRAINING AND TECHNICAL Expiration Date: XX/XX/XXXX ASSISTANCE CENTER

CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
30. I recommend keeping the action plan development as part of future survivor fellowships.	1	2	3	4
29. The action plan we created includes action steps to address language and cultural barriers to serving at-risk populations or potential victims of human trafficking.	1	2	3	4
28. The action plan we created accounts for all types of trafficking.	1	2	3	4
27. The action plan accounts for complex and multiple traumas.	1	2	3	4
26. The action steps we created were grounded in a public health approach to addressing human trafficking.	1	2	3	4

CUSTOMIZED T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree
31. NHTTAC supported me with necessary information to enhance the T/TA I provided to the organization.	1	2	3	4
32. The organization was receptive to the recommendations and changes provided through the action plan.	1	2	3	4
33. I had the appropriate tools and resources to provide the organization with customized T/TA.	1	2	3	4
34. I had adequate time to plan for the customized T/TA.	1	2	3	4
35. I had adequate time to provide the customized T/TA.	1	2	3	4
36. The structure of the fellowship was an appropriate way to incorporate and engage survivors.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about your collaboration with the fellow:

Organization:	Strongly Disagree	Disagree	Agree	Strongly Agree
37. The organization was easy to communicate with throughout fellowship activities.	1	2	3	4
38. The organization responded to me in a timely manner.	1	2	3	4
39. The organization was respectful.	1	2	3	4
40. The organization allotted an appropriate amount of time for me to help make an actionable change at the organization.	1	2	3	4
41. The organization responded in a helpful manner to my questions.	1	2	3	4

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

NHTTAC STAFF:	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
42. NHTTAC staff clearly articulated my responsibilities in this fellowship.	1	2	3	4	NA
43. NHTTAC set clear expectations for this fellowship.	1	2	3	4	NA
44. NHTTAC provided me with necessary resources and materials for this fellowship program.	1	2	3	4	NA
45. NHTTAC staff were detail-oriented and thorough in the planning of this fellowship.	1	2	3	4	NA
46. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
47. NHTTAC provided me with additional information on a public health approach to human trafficking upon request.	1	2	3	4	NA
48. I am satisfied with the overall support provided by NHTTAC staff throughout the fellowship program.	1	2	3	4	NA

17. NHTTAC provided public health approach	me with additional info		1	2	3	4	NA
 I am satisfied with the NHTTAC staff through 	ne overall support proving a support proving the fellowship proving the fellowship proving the support of the s		1	2	3	4	NA
49. Is there anything a	dditional NHTTAC cou	ıld have done to supp	ort you	during this	fellowshi	p?	
50. Please rate the ove	erall quality of this fello	wship program.				_	
1	2	3		4			
Poor	Fair	Good		Exce	llent		
51. Overall, how well	did this fellowship mee	et your expectations?					
1	2	3			1		
Far Below My Expectations	Did Not Meet My Expectations	Met My Expectat	ions	Exceed Expect			
52. How satisfied were fellowship?	e you with the overall q	uality of the support	you rece	eived from	NHTTAC	staff to hel	p complete t
1	2	3		2	1		
Very Dissatisfied	Dissatisfied	Satisfied		Very So	atisfied		



54.	What are three things you plan to do as a result of this fello	owship?	
55.	Was the format of this fellowship conducive to improving fellowship? Why or why not?	best practi	ces at the organization you partnered with during thi
56. —	What aspects of the fellowship were most helpful and why	?	
57.	What could NHTTAC do differently to improve similar fe	llowships i	n the future?
58.	Do you have any other comments or suggestions?		
59.	As a result of participating in this fellowship program, do	you plan to	do any of the following? (Mark all that apply.)
	Change my management/leadership or interpersonal communication style		Develop/strengthen collaborative or strategic relationships
	Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked		Network with other participants Share materials with colleagues Provide information to clients/families/youth
	Write grants/fundraise/identify new funding		Train/educate others in content/skills learned
	resources Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan		Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked
	Advocate or meet with leadership of my organization to develop/enact policy changes at my organization		Refer colleagues to NHTTAC events/resources Conduct research
	Improve programs/practices		Strengthen evaluation or needs assessment activities
	Improve technology/websites/infrastructure		Improve identification and reporting methods for
	Integrate victim-centered, survivor-informed	_	trafficking
	strategies Expand services or types of services		Take additional training on human trafficking
	Begin a new project or initiative		Other (please specify):

□ Yes

□ No



	Of the barriers listed below, which do you believe will be n the previous question? (Mark all that apply.)	a signific	cant challenge to performing the activities you selected
	Lack of senior leadership support		Need for partnership building with other
	Lack of frontline support and accountability		organizations
	Continuous turnover		Variation in mission and regulatory
	Shortages of key personnel		frameworks when partnering with other
	Competing priorities		organizations
	Inaccessible research and/or information		Lack of information and/or data sharing among
	Lack of urgency		organizations
	Lack of shared responsibility across		Lack of time to implement changes
	organizational collaboration		Lack of training for staff in how to implement
	Difficulty in establishing and/or maintaining a		change
	multi-disciplinary team		Other (please explain):
51.	Which of the following best describes your organization	? (Mark a	all that apply.)
	I do not represent an organization		Nonprofit/Community-based organization
	Academic institution		OTIP grantee
	Anti-trafficking organization		Self-employed
	Business/For-profit organization		Survivor-led organization
	Coalition/Multidisciplinary team/Task force		Tribal government
	Federal government		Union/Worker advocacy organization
	Faith-based organization		Victim service provider
	State and local government		Other, please specify:
52.	Which of the following best describes the types of service	-	
	Behavioral health professional (e.g.,		Housing (e.g., case worker, shelter director, public
	psychologist, psychiatrist, mental		housing authority agencies)
	health/substance use counselor)	Ш	Legal (e.g., immigration, civil and/or rights-based
	Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel)		attorney and/or paralegal, clinic) Public health (e.g., licensure board, health department
	Corrections-based services (e.g., parole,	Ш	staff, health care executive, community health
	probation)		workers)
	Criminal justice (e.g., law enforcement,	П	Social worker (e.g., case manager, school counselor,
	prosecutor, probation, court, forensic interviewer)		supervisor, administrator)
	Educator (e.g., teacher, professor, school		Survivor empowerment, mentoring, or peer to peer
	administrator)		Violence prevention (e.g., Child abuse and neglect;
	Health care (e.g., physician, physician assistant,		elder abuse; domestic violence, sexual violence, youth
	nurse practitioner, dentist, nurse, pharmacist)		violence)
			Other (please specify):
63. I	s your organization responsible for working with people	who are c	urrently being trafficked or have been trafficked?



64. V	64. Which of the following best describes your organization's geographic population? (Mark all that apply.)							
		National				Loca	al	
	☐ State (please specify):					□ (Jrba	an
		Tribal	1 7/				Rura	al
		Internation	onal (please specify coun	try):			Subi	urban
65 P	lease	select any	y of the following popula	tions does your o	organizat	ion c	curre	ently work with in a professional capacity
		all that a	• • •	mons does your c	,18mmm			one, work was an a protossional capacity
		Human	trafficking					Foreign nationals (migrant workers,
			Commercial sexual exp	loitation of				undocumented immigrants, refugees)
			children					People with low incomes
			Sex trafficking					Racial and ethnic minorities
			\Box Adults					☐ American Indian or Alaska Native
			\square Minors					□ Asian
			Labor trafficking					☐ Black or African American
			\Box Adults					☐ Native Hawaii or other Pacific
			\square Minors					Islander
		Childre	n/youth					□ White
			Out of home/Foster car	e/Kinship care				☐ Hispanic or Latino ethnicity
			Juvenile justice					History of substance use
			Runaway/Homeless yo	uth				Domestic and dating violence
		People	with disabilities					Gang-related crime
		Deaf/He	earing impaired					Sexual abuse/Violence
		Elderly						Other (Please specify):
		Lesbian	, gay, bisexual, transgen	der, and				
		question	ning					
66 Iı	n voli	r professio	onal capacity, how freque	ently does your o	roanizat	ion c	ome	e into contact with a person who is currently
			at risk of trafficking, or			1011 0	JIII	e into contact with a person who is currently
		,	ζ,					
		1	2		3			4
		Neve	er Occasio	nally	Freque	ntly		Daily

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

WEBINAR FEEDBACK



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

In order to help the 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 confidentiality 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 NHTTACEval@icf.com.

WEBINAR:	
DATE(S):	
PRESENTER(S):	

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

OVERALL WEBINAR	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this webinar, I <insert learning="" objective=""></insert>	1	2	3	4
2. As a result of this webinar, I <insert learning="" objective=""></insert>	1	2	3	4
3. As a result of this webinar, I <insert learning="" objective=""></insert>	1	2	3	4
4. As a result of this webinar, I <insert learning="" objective=""></insert>	1	2	3	4
5. As a result of this webinar, I <insert learning="" objective=""></insert>	1	2	3	4
6. The webinar addressed the critical issues related to the topic(s).	1	2	3	4
7. The time allotted was adequate for the scope of material covered.	1	2	3	4
8. The webinar was organized and clear.	1	2	3	4
9. The webinar included information on current evidence-based research or promising practices.	1	2	3	4
10. The webinar content was survivor informed.	1	2	3	4
11. The webinar content was trauma informed.	1	2	3	4
12. The webinar content reflected a public health approach to addressing human trafficking.	1	2	3	4
PRESENTER 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The presenter's knowledge and expertise were appropriate for this webinar.	1	2	3	4
14. The presenter engaged and interacted with the audience.	1	2	3	4
15. The presenter created a respectful environment for participants.	1	2	3	4
PRESENTER 2:	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The presenter's knowledge and expertise were appropriate for this webinar.	1	2	3	4
17. The presenter engaged and interacted with the audience.	1	2	3	4
18. The presenter created a respectful environment for participants.	1	2	3	4

19. Please rate the overall quality of this webinar.

1	2	3	4	
Poo	r Fair	Good	Excellent	

WEBINAR FEEDBACK



OMB Control Number: 0970-XXXX Expiration Date: XX/XX/XXXX

	1	2	3		4	
	Not Useful	Somewhat Useful	Useful		Very Useful	
Wh	at additional topics re	elated to human trafficking	would you like incl	ıded i	n future webinars?	
The		only asked for evaluations ert number> webinars in the				binars you attended from
	<insert 1="" td="" tit<="" webinar=""><td>tle></td><td></td><td><i1< td=""><td>nsert webinar 6 title:</td><td>></td></i1<></td></insert>	tle>		<i1< td=""><td>nsert webinar 6 title:</td><td>></td></i1<>	nsert webinar 6 title:	>
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	<insert 4="" td="" tit<="" webinar=""><td></td><td></td><td></td><td>nsert webinar 9 title:</td><td></td></insert>				nsert webinar 9 title:	
	<insert 5="" td="" tit<="" webinar=""><td></td><td>L</td><td></td><td>nsert webinar 10 title</td><td>e></td></insert>		L		nsert webinar 10 title	e>
Ple	ase rate the <u>overall</u> qu	uality of the webinars you se	elected in the previo	us qu	estion.	
	1	2	3		4	
	1 Poor	2 Fair	3 Good	,	4 Very Good	
Ноч	Poor		Good		Very Good	
Hov	Poor	Fair	Good		Very Good	
	Poor w well did the conten	Fair t in each webinar you select	Good ted complement eac	h othe	Very Good er?	
	Poor w well did the conten 1 Not At All	Fair t in each webinar you select	Good sed complement eac 3 Well	h othe	Very Good er? 4 ry Well	Yes □ No
Wo	Poor w well did the conten 1 Not At All uld you recommend	Fair t in each webinar you select 2 Not Well	Good ted complement each Well ed training or technic	h othe Ver	Very Good er? 4 ry Well sistance?	
Wo Wh	Poor w well did the content 1 Not At All uld you recommend in the following In the selection of the following In the selection of the sele	Fair It in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good ted complement each Well ed training or technology onal capacity or type st,	Ven	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo	e? (Mark all that apply.) orker, shelter director, pub
Wo Wh	Poor w well did the content 1 Not At All uld you recommend in the following leading to the following leads to the proposition of the following leads to the	Fair It in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection	Good ted complement each Well ed training or technic onal capacity or typest, elor)	Ver cal as es of s	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agents)	e? (Mark all that apply.) orker, shelter director, pubnicies)
Wo Wh	Poor w well did the content 1 Not At All uld you recommend in the following In the following In the possible possibl	Fair It in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good ted complement each Well ed training or technic onal capacity or typest, elor)	Ver cal as es of s Ho Le	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agen gal (e.g., immigration)	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base
Wo	Poor w well did the content 1 Not At All uld you recommend in the following leading to the following leading to the proposition of the following leading to the followi	Fair t in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of each feed of the substance use counse state agency staff, child well to personnel)	Good ted complement each Well ed training or technology onal capacity or type (st, pelor) fare	Ver cal as es of s Ho ho Le	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agent gal (e.g., immigratio orney and/or paraleg	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base gal, clinic)
Wo	Poor w well did the content I Not At All uld you recommend is the following I Behavioral health propheries, mental Child welfare (e.g., contractor, nonprofic Corrections-based services)	Fair It in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good ted complement each Well ed training or technology onal capacity or type (st, elor) fare on)	h other Ver cal as es of s Ho ho Le atte Pu	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agent gal (e.g., immigration orney and/or paralegablic health (e.g., lice	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base
Wo	Poor w well did the content I Not At All uld you recommend is the following I Behavioral health propheries, mental Child welfare (e.g., contractor, nonprofic Corrections-based services)	Fair t in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good ted complement each Well ed training or technology onal capacity or type (st, elor) fare on)	h other Ver cal as es of s hor Le atte Pu de de	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agent gal (e.g., immigration orney and/or paralegablic health (e.g., lice	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base gal, clinic) ensure board, health
Wo	Poor w well did the content 1 Not At All uld you recommend in the following leading to the f	Fair t in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good ted complement each Well ed training or technology onal capacity or type (st, elor) fare on)	ver cal as es of s Ho ho Le atte Pu dej hea So	Very Good er? 4 ry Well sistance? services you provide ousing (e.g., case wo using authority agent gal (e.g., immigration orney and/or paralegiblic health (e.g., lice partment staff, health alth workers) cial worker (e.g., ca	e? (Mark all that apply.) orker, shelter director, pubncies) on, civil and/or rights-base gal, clinic) ensure board, health th care executive, communities manager, school
Wo	Poor w well did the content I Not At All uld you recommend is ich of the following I Behavioral health proposition between the contractor, nonproficult contractor, nonproficult corrections-based some Criminal justice (e.g., probation, court, for Educator (e.g., teach administrator)	Fair t in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good Ted complement each 3 Well ed training or technology onal capacity or type st, elor) fare on) ator,	es of se the attribute of the Social as	Very Good er? 4 ry Well sistance? Services you provide ousing (e.g., case wo using authority agent gal (e.g., immigratio orney and/or paraleg blic health (e.g., lice partment staff, health alth workers) cial worker (e.g., caunselor, supervisor,	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base gal, clinic) ensure board, health th care executive, communities manager, school administrator)
Wo	Poor w well did the content 1 Not At All uld you recommend is the following leading to the f	Fair t in each webinar you select 2 Not Well NHTTAC to others who need best describes your profession of the selection o	Good Ted complement each 3 Well ed training or technology onal capacity or type st, elor) fare on) ator,	es of s Ho ho Le atte Pu de hea So con Su	Very Good er? 4 ry Well sistance? Services you provide ousing (e.g., case wo using authority agent gal (e.g., immigratio orney and/or paraleg blic health (e.g., lice partment staff, health alth workers) cial worker (e.g., caunselor, supervisor,	e? (Mark all that apply.) orker, shelter director, pubnicies) on, civil and/or rights-base gal, clinic) ensure board, health th care executive, communiste manager, school administrator) nt, mentoring, or peer to po

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27.	Which of the follow	wing best describes your ge	eographic population? (N	Iark all	that apply).
	□ Tribal	pecify):	□ Local □ Urba □ Rura □ Sub		
		al capacity, how frequently or has been trafficked?	do you come into contac	t with a p	person who is currently being trafficked, at
	Never	Occasionally	Frequently		Daily
29.	Please select any o	f the following populations	you currently work with	in a pro	fessional capacity. (Mark all that apply.)
	child: Sex t Labo	mercial sexual exploitation ren rafficking Adults Minors r trafficking Adults Minors	of	imm □ Peop □ Raci	ign nationals (migrant workers, undocumented igrants, refugees) ble with low incomes al and ethnic minorities American Indian or Alaska Native Asian Black or African American Native Hawaii or other Pacific Islander White
	☐ Juver ☐ Runa ☐ People with di ☐ Deaf/Hearing ☐ Elderly	of home/Foster care/Kinship hile justice way/Homeless youth sabilities		History Histor	Hispanic or Latino ethnicity ory of substance use nate partner violence (e.g., dating, domestic ence) g-related crime nal abuse/Violence or (please specify):

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

WEBSITE FEEDBACK Protocol



Thank you for visiting the National Human Trafficking Training and Technical Assistance Center (NHTTAC) website: https://www.acf.hhs.gov/otip/training/nhttac. In order to help 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 confidentiality 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 NHTTACEval@icf.com.

Ple	ase provide the informat	ion below to create an anony	nous ID:			
Birth Month (insert just the month (example: S for Sara) (example: 08 for August)		First letter of your middle name (example: M for Maria)				
1.	How did you find out abo	out the NHTTAC website? (Ma	ark all that app	ly.)		
	□ A professor	tion at a conference rebsite/Searching the Internet onitor or other OTIP staff person	□ A □ A	The NHTTAC Call Center A colleague or friend A publication or newsletter Other (please specify):		
2.	What was the goal of you	r visit today? (Mark all that a	apply.)			
3.	 □ Learn about SOAR tr. □ Request/apply for SO. □ Learn/apply for Profe Scholarship □ Learn about/apply for □ Learn about the Natio Approximately how ma □ This is my first time □ Daily Were you familiar with 	ning or technical assistance ainings AR trainings ssional Development Organization Scholarship nal Advisory Committee ny times have you used/visited	this site in the p	Sign up for the listserv Other (please specify):		
	□ Yes □ No					
5.	Please rate the overall q	uality of the NHTTAC website	2 .			
	1	2	3	4		
	Poor	Fair	Good	Excellent		
6.	Would you recommend	NHTTAC to others for T/TA?		Yes □ No		

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

Ov	TERALL ASSISTANCE	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
7.	It is easy to find the information I need on this site.	1	2	3	4	NA
8.	The website is user-friendly and I am able to navigate through it with ease.	1	2	3	4	NA
9.	The information on this site met my goals/needs.	1	2	3	4	NA
10.	I am satisfied with the content of the site.	1	2	3	4	NA
11.	The information on the site is trauma-informed.	1	2	3	4	NA
12.	The information on the site is survivor-informed.	1	2	3	4	NA
13.	The information on the site is grounded in current evidence-based research or promising practices.	1	2	3	4	NA
14.	The information on the site is grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
15.	The information on the site reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
16.	I am satisfied with the appearance of the site.	1	2	3	4	NA
17.	I will return to this site for my training and technical assistance needs.	1	2	3	4	NA
18.	I will recommend this site to others.	1	2	3	4	NA

19.	What aspects of the	website were most helpful	l, and why?		
20.	What could be done	e differently to improve the	: website?		
21.		capacity, how frequently trafficking, or have been t		ct with people who are curr	rently being
	Never	Occasionally	Frequently	All the Time	
22.	Is your organization ☐ Yes ☐ No	ı responsible for working v	vith people who are cur	rently being trafficked or ha	ive been trafficked?

WEBSITE FEEDBACK Protocol



23. W	hich of the following best describes the o	organization in which	you wo	rk? (Mark all that apply.)
	Academic institution			OTIP grantee
	Anti-trafficking organization			Self-employed
	Business/For-profit organization			Survivor-led organization
	Coalition/Multidisciplinary team/Task	force		Tribal government
	Federal government			Union/Worker advocacy organization
	Faith-based organization			Victim service provider
	State and local government			Other, please specify:
	Nonprofit/Community-based organizate	ion		
24. V	Which of the following best describes you	ır professional capacit	ty or typ	es of services you provide? (Mark all that
a	pply.)			
	Behavioral health professional (e.g., ps	=		Legal (e.g., immigration, civil and/or rights-based
	psychiatrist, mental health/substance us			attorney and/or paralegal, clinic)
	Child welfare (e.g., state agency staff, o	child welfare		Public health (e.g., licensure board, health
	contractor, nonprofit personnel)			department staff, health care executive, community
	Corrections-based services (e.g., parole Criminal justice (e.g., law enforcement			health workers) Social worker (e.g., case manager, school
	probation, court, forensic interviewer)	, prosecutor,		counselor, supervisor, administrator)
	Educator (e.g., teacher, professor, school	ol.		Survivor empowerment, mentoring, or peer to peer
	administrator)	<i>5</i> 1		Violence prevention (e.g., Child abuse and neglect;
	Health care (e.g., physician, physician	assistant,		elder abuse; domestic violence, sexual violence,
	nurse practitioner, dentist, nurse, pharm	nacist)		youth violence)
	Housing (e.g., case worker, shelter dire	ctor, public		Other (please specify):
	housing authority agencies)			
25. Wł	nich of the following best describes the n	umber of years of exp	erience	you have in your current field of work? (Mark one.)
	Less than 3 years □ 3 to 5 ye	ars 🗆 6 to	10 year	rs
26. Wł	nich of the following best describes your	primary role in your	current r	position?
	Direct delivery/frontline staff	☐ Consultant/Train	or	□ Administration
	Management Staff	□ Volunteer	CI	□ Peer Educator
	Other (please specify):	□ Volunteer		- Teel Educator
ш	Other (picase specify).			
27. Wł	nich of the following best describes your	geographic populatio	n? (Mai	rk all that apply.)
	National	□ Loc	cal	
	State (please specify):		Urban	
	Tribal		Rural	
	International (please specify country):		Suburba	n
		_		

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8.	Ple	ase selec	t any of t	the following popul	ations you currently	work with in	a profes	sional capacity (Mark all that apply.)	
		Human	trafficki Comme	ng ercial sexual exploi	tation of		Lesbiar	n, gay, bisexual, transgender, and ning	
			childre	-			Foreign	nationals (migrant workers, undocumented	
			Sex tra	fficking			immigr	ants, refugees)	
				Adults			People	with low incomes	
				Minors			Racial a	and ethnic minorities	
			Labor t	rafficking				American Indian or Alaska Native	
				Adults				Asian	
				Minors				Black or African American	
		Childre	n/youth					Native Hawaii or other Pacific Islander	
			Out of	home/Foster care/K	Cinship care			White	
			Juvenil	e justice	•			Hispanic or Latino ethnicity	
			Runaw	ay/Homeless youth			History	of substance use	
		People	with disa	bilities			Domest	tic and dating violence	
		Deaf/H	earing in	npaired			Gang-related crime		
		Elderly	_				Sexual abuse/Violence		
		J					Other (Please specify):	

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