

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 <u>NHTTACEval@icf.com</u>.

T/TA	
DATE(S):	

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 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
- □ Further developed skills and knowledge about serving victims of trafficking
- □ Wrote grants/fundraised/identified new funding resources
- 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
- □ Improved programs/practices
- □ Improved technology/websites/infrastructure

- □ Integrated victim-centered, survivor-informed strategies
- \Box Expanded services or types of services
- □ Began a new project or initiative
- Developed/strengthened collaborative or strategic relationships
- 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 activities offered to victims
- Referred colleagues to NHTTAC events/resources
- □ Conducted research

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 8 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC evaluation team at <u>NHTTACEval@icf.com</u> or 9300 Lee Highway, Fairfax, VA 22031

FOLLOW-UP **FEEDBACK** Form



- Strengthened evaluation or needs assessment activities
- Improved identification and reporting methods for trafficking
- Since [insert T/TA], what barriers have you faced in implementing change? (Mark all that apply.) 7.
 - Lack of senior leadership support
 - Lack of frontline support and accountability
 - Continuous turnover
 - Shortages of key personnel
 - Competing priorities
 - Inaccessible research and/or information
 - \Box Lack of urgency
 - Lack of shared responsibility across organizational collaboration

Took additional training on human trafficking

OMB Control Number: 0970-0519

Expiration Date: 10/31/2021

Other (please specify): _____

TECHNICAL

- Lack of information and/or data sharing among organizations
- Lack of time to implement changes
- Difficulty in establishing and/or maintaining a multidisciplinary team
- Variation in mission and regulatory frameworks when partnering with other organizations
- Lack of training for staff in how to implement 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?

 \Box Yes □ No

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

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- 21. Is your organization responsible for working with people who are currently being trafficked or have been trafficked? □ Yes □ No
- 22. In your professional capacity, how frequently do you come into contact with a person who is being trafficked, at risk of being trafficked, or has been trafficked?

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.

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