



Office for Victims of Crime Training and Technical Assistance Center

TRAINING/TA PARTICIPANT FOLLOW-UP FEEDBACK FORM

Date: _____
Participant's Name: _____
Name of Agency/Organization Representing: _____
Name of TA/Training Session: _____
Instructor(s): _____

Approximately three months ago, you attended an OVC TTAC Training/Technical Assistance Session entitled <insert name of event>, led by <insert consultant(s) name>. We are re-contacting participants from that session who indicated that they would be willing to participate in a brief follow-up survey. Your feedback is indispensable in improving the services that OVC TTAC provides to the field. OVC will never have access to what you as an individual say. Your responses to these questions will be reported only in aggregate and will never identify you as an individual. Your participation in this interview is completely voluntary. You may decline to participate in this interview at any time without consequences or penalties.

Please indicate your responses to the following questions, on a scale of 1 to 5, with 1 representing "strongly disagree" to 5 representing "strongly agree." Base your answers on how you feel about the Training/TA Session now.

1. On a scale of 1 to 5, with 1 representing "strongly disagree" to 5 representing "strongly agree," to what extent do you agree or disagree with the following statement: The Training/TA Session has enabled me to serve my clients better. Please explain your rating.

1 2 3 4 5 NA

2. On a scale of 1 to 5, with 1 representing "not helpful at all" and 5 representing "extremely helpful," how helpful was the information you learned at the Training/TA Session? Please explain your rating.

1 2 3 4 5 NA

3. Did you gain any new skills or knowledge as a result of attending the Training/TA Session?
 Yes
 No

If yes, what new skills did you gain?

4. Have you been able to apply the information you learned from the Training/TA Session in your job? (Probe: sharing information with colleagues, serving clients in a different way, implementing changes to agency/organization, etc.) _____



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5. Was there a change in the way you view or understand the clients you serve as a result of attending this Training/TA?
- Yes
 - No

If yes, in what ways has your view or understanding changed? _____

6. Is there a change in the way you view or understand the organization/agency you work for as a result of attending this Training/TA?
- Yes
 - No

If yes, in what ways has your view or understanding changed?

7. In the **Participant Feedback Form** that you completed immediately following the Training/TA Session, you identified the following three “action steps” that you plan to take as a result of attending the Session.

- (a) List action step here
- (b) List action step here
- (c) List action step here

What progress have you made towards these “action steps?” Have you encountered any challenges or obstacles?

8. Looking back, which part of the session has been most helpful to you, and why? _____

9. What could have OVC TTAC done differently during the Training/TA Session to make it more useful to you now?

10. What additional training/technical assistance needs have you had since the Training/TA event? _____

11. What additional training events would you like to see offered by OVC TTAC?



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12. Do you have any other comments/suggestions that you'd like to make regarding the Training/TA Session that you attended?

**Thank you for taking the time to participate.
We value your input!**