

Resource Guide Evaluation



The Office for Victims of Crime and the National Center for Victims of Crime invite comments and suggestions for improving the *National Crime Victims' Rights Week Resource Guide*. Please take a few moments to complete the following brief survey. Your feedback will be very helpful in developing future resources.

1. Did you use any of the materials provided in this year's Resource Guide? *(Please circle.)*.....[Yes or No]

2. If you answered "NO" to question #1, please briefly explain why.

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3. Did you use any materials from the following sections/items? *(Please circle.)*

- Maximizing Communication and Awareness.....[Yes or No]
- Camera-Ready Artwork.....[Yes or No]
- Working with the Media.....[Yes or No]
- Landmarks in Victims' Rights and Services.....[Yes or No]
- Statistical Overviews and Resources.....[Yes or No]
- CD-ROM.....[Yes or No]
- Theme DVD.....[Yes or No]
- Broadcast-quality TV PSA.....[Yes or No]

4. Which of the following resources included in the *2009 NCVRW Resource Guide* did you find particularly useful? *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Large, color NCVRW theme poster | <input type="checkbox"/> Black-and-white public awareness posters (on crime affecting families, domestic violence, and elder abuse) |
| <input type="checkbox"/> Black-and-white NCVRW theme poster | <input type="checkbox"/> Spanish public awareness posters |
| <input type="checkbox"/> Sample speech | <input type="checkbox"/> Crime Clock |
| <input type="checkbox"/> Sample news release | <input type="checkbox"/> CD-ROM |
| <input type="checkbox"/> Sample public service announcements | <input type="checkbox"/> Theme DVD |
| <input type="checkbox"/> Sample op-ed column | <input type="checkbox"/> Broadcast-quality TV PSA |
| <input type="checkbox"/> Camera-ready art (logos, buttons, ribbon cards, etc.) | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> VOCA Chart | |

5. Did you or anyone you know see the 2009 NCVRW theme poster or flyers in your local post office?[Yes or No]

6. Please briefly describe any NCVRW activities (e.g., open houses, candlelight ceremonies, media interviews) in which you used materials, ideas, or suggestions from the *2009 NCVRW Resource Guide*.

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7. If you have any other plans to use the Resource Guide during 2009 (beyond National Crime Victims' Rights Week), please briefly describe below (e.g., using statistics in presentations and community education events, as resource information for victims or allied professionals, for ongoing media outreach).

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Resource Guide Evaluation (continued)

8. On a scale of 1 to 10—with 10 being most useful—please rate the overall usefulness of the 2009 NCVRW Resource Guide.

1 2 3 4 5 6 7 8 9 10

9. Please circle a response for each of the following questions:

- Did you use the online version of the Resource Guide on OVC's Web site? [Yes or No]
- If so, did you find it easy to move through the pages? [Yes or No]
- Did each page load quickly? [Yes or No]
- Did you download the Theme DVD? [Yes or No]
- Did you download the broadcast-quality TV PSA? [Yes or No]

10. Every year, the NCVRW Resource Guide offers new black-and-white camera-ready posters that can be localized and used throughout the year. Please check topic areas on which you would like future posters to focus. (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Generic crime victim (suitable for all victims) | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Identity theft |
| <input type="checkbox"/> Crime victims with disabilities | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> Hate crime | <input type="checkbox"/> Other (please specify) _____ |

11. What additional resources or materials would you find helpful in the NCVRW Resource Guide?

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12. Check the option below that best describes your current victim assistance setting.

- | | |
|---|---|
| <input type="checkbox"/> U.S. or District Attorney's Office | <input type="checkbox"/> Hospital/medical center |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Academic setting |
| <input type="checkbox"/> Domestic violence shelter | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> Rape crisis center | <input type="checkbox"/> Federal agency |
| <input type="checkbox"/> Survivor group | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Victims' coalition | |

Please return to:



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Thank you for evaluating OVC's 2009 National Crime Victims' Rights Week Resource Guide