

Grant Name _____

Grantee _____

Satisfaction Survey

Name of Event _____

Date(s) of Event _____

TCDD funded this training program. This information is optional, but it helps TCDD and the federal agency that provides us with funding to understand how funding impacts our community.

Q1. Race/Ethnicity		Q2. Gender	Q3. Geographic Area
1 - White <input type="checkbox"/>	5 - Asian <input type="checkbox"/>	1-Female <input type="checkbox"/>	1 - Urban <input type="checkbox"/>
2 - Black or African American <input type="checkbox"/>	6 - Native Hawaiian or Pacific Islander <input type="checkbox"/>	2-Male <input type="checkbox"/>	2 - Rural <input type="checkbox"/>
3 - American Indian or Alaska native <input type="checkbox"/>	7 - Two or more races <input type="checkbox"/>	3-Other <input type="checkbox"/>	
4 - Hispanic/Latino <input type="checkbox"/>	8 - Unknown or do not wish to answer <input type="checkbox"/>		

Q4. Please check the statement that best describes you. If you are filling this out for someone else, check which statement describes that person.

I am an individual with a developmental disability.	1- <input type="checkbox"/>
I am a family member of an individual with a developmental disability.	2- <input type="checkbox"/>
I do not have a developmental disability and I am not a family member of a person with a developmental disability.	3- <input type="checkbox"/>

Q5. Were you satisfied with this event?

1 - Not at all

2 - Somewhat

3 - Yes

Do you have any comments you'd like to add about the activity?