



## Samples of OUTCOME SURVEYS for DD Council projects, activities, and initiatives

### Background:

In August of 2021, ITACC staff received a request to collect outcome survey examples from DD Councils as Council staff are revising or updating their own. We indicated outcome surveys could include satisfaction elements, outcome indicators, demographic information, and tailored questions for the project or activity.

### Response:

We received 52 survey samples from eight DD Councils. There are common elements to many of the samples such as demographic information, satisfaction questions, and questions that mirrored the OIDD Performance Measures for Individual and Family Advocacy (IFA) sub-outcomes measures. Some samples are tailored to specific projects and activities with questions designed to inform the Council about the outcome specific to the project, objective, and 5-year goal.

### Samples:

All samples were compiled into a pdf organized by Council name.

Please let you ITACC staff team know if you need assistance or more information:

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Arkansas

**Grant Number** Click here to enter text.
**Date** Click here to enter text.  
**Project Title** Click here to enter text.
**Project Director** Click here to enter text.  
**Grantee** Click here to enter text.
**Email** Click here to enter text.

### Outcomes Survey



**The Arkansas Governor's Council on Developmental Disabilities provides financial support to this project. Please provide outcomes feedback to help shape future programming.**

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Event** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

*Demographic information is required for federal reporting. This data helps the Council understand how funding impacts our community. All responses are strictly confidential.*

Race/Ethnicity	Age	Gender
White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/>	Birth-5 <input type="checkbox"/> 31-40 <input type="checkbox"/>	Female <input type="checkbox"/>
Black <input type="checkbox"/> Two or more <input type="checkbox"/>	6-12 <input type="checkbox"/> 41-55 <input type="checkbox"/>	Male <input type="checkbox"/>
Asian <input type="checkbox"/> Other <input type="checkbox"/>	13-21 <input type="checkbox"/> 56-67 <input type="checkbox"/>	Other <input type="checkbox"/>
American Indian <input type="checkbox"/> Unknown <input type="checkbox"/>	22-30 <input type="checkbox"/> 68-80 <input type="checkbox"/>	
	80+ <input type="checkbox"/>	

Please choose the statement that best describes you:	
I am filling out this survey on behalf of someone else	<input type="checkbox"/>
<i>The individual I'm filling out this survey for is</i> An individual with a disability.	<input type="checkbox"/>
A parent.	<input type="checkbox"/>
A professional or other participant.	<input type="checkbox"/>

I am an individual with an intellectual or developmental disability.	<input type="checkbox"/>
I am a family member of an individual with an intellectual or developmental disability.	<input type="checkbox"/>
My family member or I do not have an intellectual or developmental disability, and I participated in this project for following reason(s):	<input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Eg: professional training</i> </div>	

*Only individuals with disabilities and parents participating should complete the following questions. Thank you for participating and sharing your feedback!*

**Grant Number** Click here to enter text.  
**Project Title** Click here to enter text.  
**Grantee** Click here to enter text.

**Date** Click here to enter text.  
**Project Director** Click here to enter text.  
**Email** Click here to enter text.

**Questions for Individuals and Family Members**

Thank you for participating in this program and providing feedback. Please read the definitions of advocacy and self-advocacy and answer the questions that follow.

<u>Advocacy</u>	<u>Self-advocacy</u>
Speaking on behalf of or in support of another person and/or actively supporting a cause or proposal.	Learning how to speak up for yourself, making your own decisions about your own life, learning how to get information so that you can understand things that interest you, knowing your rights and responsibilities, problem solving, listening and learning, reaching out to others when you need help, and learning about self-determination. Job seeking / securing competitive, integrated employment are also considered acts of self-advocacy.

**1. Before participating, did you say what you wanted or needed in services and supports?**

I <u>never</u> said what I wanted or needed.	I <u>rarely</u> said what I wanted or needed.	I <u>sometimes</u> said what I wanted or needed.	I <u>often</u> said what I wanted or needed.	I <u>always</u> said what I wanted or needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. After participating, do you say what you want or need in services and supports.**

I <u>never</u> say what I want or need.	I <u>rarely</u> say what I wanted or need.	I <u>sometimes</u> say what I want or need.	I <u>often</u> say what I want or need.	I <u>always</u> say what I want or need.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Write about a time you told someone what is important to you.**

**4. After participating, do you advocate less often, more often, or about the same?**

Less often	About the same	More often
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Are you currently serving on a board, coalition, committee, workgroup, governing body, or related leadership position?** Yes   
*If yes, please explain: Eg: local DSN board, non-profit board, workforce investment board* No

**Grant Number** Click here to enter text.  
**Project Title** Click here to enter text.  
**Grantee** Click here to enter text.

**Date** Click here to enter text.  
**Project Director** Click here to enter text.  
**Email** Click here to enter text.

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6. Are you currently participating in any formal or informal advocacy activities? Yes   
*If yes, please explain: Eg: IEP meeting, giving testimony, Advocacy Day for Access and Independence* No

7. Please use the space below to provide any additional comments you wish to share on positive impacts in your life as a result of your participation.

**Grant Number** Click here to enter text.  
**Project Title** Click here to enter text.  
**Grantee** Click here to enter text.

**Date** Click here to enter text.  
**Project Director** Click here to enter text.  
**Email** Click here to enter text.



### Satisfaction Survey

**The Arkansas Governor's Council on Developmental Disabilities provides financial support to this project. Please provide satisfaction feedback to help shape future programming.**

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Date of Event** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

*Demographic information is required for federal reporting. This data helps the Council understand how funding impacts our community. All responses are strictly confidential.*

Race/Ethnicity	Age	Gender
White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/>	Birth-5 <input type="checkbox"/> 31-40 <input type="checkbox"/>	Female <input type="checkbox"/>
Black <input type="checkbox"/> Two or more <input type="checkbox"/>	6-12 <input type="checkbox"/> 41-55 <input type="checkbox"/>	Male <input type="checkbox"/>
Asian <input type="checkbox"/> Other <input type="checkbox"/>	13-21 <input type="checkbox"/> 56-67 <input type="checkbox"/>	Other <input type="checkbox"/>
American Indian <input type="checkbox"/> Unknown <input type="checkbox"/>	22-30 <input type="checkbox"/> 68-80 <input type="checkbox"/>	
	80+ <input type="checkbox"/>	

Please choose the statement that best describes you:	
<b>I am filling out this survey on behalf of someone else</b>	<input type="checkbox"/>
<i>The individual I'm filling out this survey for is</i> An individual with a disability.	<input type="checkbox"/>
A parent.	<input type="checkbox"/>
A professional or other participant.	<input type="checkbox"/>
<b>I am filling out this survey on behalf of myself</b>	<input type="checkbox"/>
I am an individual with an intellectual or developmental disability.	<input type="checkbox"/>
I am a family member of an individual with an intellectual or developmental disability.	<input type="checkbox"/>
My family member or I do not have an intellectual or developmental disability, and I participated in this project for following reason(s): Eg: professional training	<input type="checkbox"/>

**Grant Number** [Click here to enter text.](#)  
**Project Title** [Click here to enter text.](#)  
**Grantee** [Click here to enter text.](#)

**Date** [Click here to enter text.](#)  
**Project Director** [Click here to enter text.](#)  
**Email** [Click here to enter text.](#)

### **Questions for Individuals and Family Members**

Thank you for participating in this program and providing feedback.

1. Would you recommend this event to a friend, family member, or colleague?

Not at all

I might

I would probably

I would definitely

I already have

2. Would you participate in another event provided by this organization?

Not at all

I might

I would probably

I would definitely

I already have

3. How satisfied are you with the subject(s) covered at the event?

Not at all

A little

Somewhat

Very

Perfectly

4. How satisfied are you with the way subject matter was presented?

Not at all

A little

Somewhat

Very

Perfectly

5. Was the subject matter presented in a way that was easy to understand?

6. What was your favorite part of the event?

7. How would you change this event?

8. What other comments do you have?

# California

I have attached a copy of our basic post-training survey; in addition I attached a list of Qualtrics links for post-training surveys based on objective. These links are provided after a specific training and have additional questions that we added based on the objective. Many of our zoom trainings have these questions included in the registration and/or polls, and we just pull reports and upload the data into Qualtrics. All survey questions were reviewed by our Self-Advocates Advisory Committee for plain language and accessibility.



# 2021 Training/Activity Surveys

(SA/FA/Others)

**1.1 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_8CYv7NrgSy1ZUQI](https://scdd.sjc1.qualtrics.com/jfe/form/SV_8CYv7NrgSy1ZUQI)

**1.2 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_07CNm5Cg2OwW3uR](https://scdd.sjc1.qualtrics.com/jfe/form/SV_07CNm5Cg2OwW3uR)

**2.1 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_0DPS2qjsOmrkCY5](https://scdd.sjc1.qualtrics.com/jfe/form/SV_0DPS2qjsOmrkCY5)

**3.1 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_e4l64cJhQOvWYaV](https://scdd.sjc1.qualtrics.com/jfe/form/SV_e4l64cJhQOvWYaV)

**3.2 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_3dwoAM1V1y29ucZ](https://scdd.sjc1.qualtrics.com/jfe/form/SV_3dwoAM1V1y29ucZ)

**4.1 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_9umlyOd73OZ7g0t](https://scdd.sjc1.qualtrics.com/jfe/form/SV_9umlyOd73OZ7g0t)

**4.2 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_6JSM5pqVdUElunb](https://scdd.sjc1.qualtrics.com/jfe/form/SV_6JSM5pqVdUElunb)

**5.1 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_1G37g7XcXJF7KIt](https://scdd.sjc1.qualtrics.com/jfe/form/SV_1G37g7XcXJF7KIt)

**5.2 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_8HcuS2lx2XoaT9r](https://scdd.sjc1.qualtrics.com/jfe/form/SV_8HcuS2lx2XoaT9r)

**5.3 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_3eYYMQ1qtSa1ald](https://scdd.sjc1.qualtrics.com/jfe/form/SV_3eYYMQ1qtSa1ald)

**6.3 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_bw1KuSkCv1Oc5XT](https://scdd.sjc1.qualtrics.com/jfe/form/SV_bw1KuSkCv1Oc5XT)

**6.4 Survey:**

[https://scdd.sjc1.qualtrics.com/jfe/form/SV\\_2rdJK9Wej7JOre5](https://scdd.sjc1.qualtrics.com/jfe/form/SV_2rdJK9Wej7JOre5)





Office: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

1. I am a:  Self-Advocate  Family Member  Other/Professional

Answer the following questions by checking Yes (thumbs up) or No (thumbs down).		 Yes	 No
2.	As a result of this project/activity, I will have more advocacy skills and abilities.		
3.	As a result of this project/activity, I am better able to say what I want to say / say what is important to me.		
4.	I am now participating in advocacy activities.		
5.	I am a member of a disability-related board, committee or advocacy group or serving in a leadership position.		
6.	I am satisfied with this project/activity.		
7.	This is my first time attending an SCDD event		

8. Would you like to tell us anything more about this activity?



**If you would like to tell us this information- It helps us to know who was at the activity. (FILLING OUT THIS PORTION IS OPTIONAL)**

I am (Check one):   Male   Female   Other

I am (Check all that apply):

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African-American

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or other Pacific Islander

\_\_\_\_\_ Multi-racial



\_\_\_\_\_ White or Caucasian

What city/town do you live in? \_\_\_\_\_

**\*\*Continue onto the next page if you are a Professional\*\***

**\*\*Please fill out the following questions if you are a Professional\*\***

9. I work in this county: \_\_\_\_\_

Answer the following questions by checking Yes (thumbs up) or No (thumbs down).		 Yes	 No
10.	I work in the field of disabilities.		
11.	Are you in a position to make changes within your organization?		

12. What other types of information/training/partnership opportunities would you like?

***\*\*All information is confidential and will be used only for internal quality control and federal reporting purposes.***

**Your Name &/or Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

***Thank you for your participation in this activity and survey. The Council will engage in a follow-up survey within 30-60 days in its efforts to ensure ongoing quality and satisfaction.***

# Illinois

Attached is the survey ICDD provides our subgrantees to use in collecting demographic, IFA PMs, and satisfaction – all in one.

Also are the corresponding forms on which the subgrantees are asked to compile the info gathered to send back to us for PPR use.

Lastly is the council demographic and outcomes doc. This is different from what you asked but may be of interest to other Councils. We ask Council members to complete it each fall so we can gather their demographic info and gather any outcomes their personal advocacy on behalf of ICDD may have generated over the year. We add in some questions that are of interest to ICDD related to our Council meetings to get a sense of their satisfaction and how we can improve.

## Council Meeting Member Evaluation

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**Name:** \_\_\_\_\_

<b>Category</b>	<b>Check One</b>
Individual with disability	
Family Member	
Representative of an organization or State office	
<b>Geographic Area</b>	<b>Check One</b>
Urban	
Rural (less than 2,500 in a town)	
<b>Gender</b>	<b>Check One</b>
Female	
Male	
Other – Prefer not to disclose	
<b>Race/Ethnicity</b>	<b>Check One</b>
White, alone	
Black or African American alone	
American Indian and Alaska Native alone	

Hispanic/Latino	
Asian alone	
Native Hawaiian & Other Pacific Islander	
Two or more races	

**Questions refer to the past year – October 2019 through September 2020**

1. How many policymakers have you interacted with over the last year? Please share a number with us. #\_\_\_\_\_

Over the last year, I have actively advocated with policy makers as a result of Council activities.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

2. Please share the number of new policy, advisory or governing Boards are you participating on as a result of your work with the Council? Please provide us with a number. #\_\_\_\_\_ What's its name?

3. Have you served in a leadership capacity on any policy, advisory or governing Board as a result of your activity with the Council? [Yes or No] What's its name?

My participation in Council activities has increased my ability to serve in a leadership role within an advisory, policy or governing Board.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

4. I had the information I needed to share my story or my perspective on important disability issues.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

5. Over the last year, Council activities helped to increase my comfort with sharing my story or an elevator speech with policymakers.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

6. Over the last year, through Council activities, my participation in advocacy or self-advocacy activities has increased.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

7. Over the last year, Council activities helped to increase my participation in group advocacy efforts.

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

8. Comments? Tell a story about your advocacy:

9. What worked well at in person Council meetings?

10. What should we do differently?



11. Did you have everything you needed for Council meetings?

\_\_\_\_\_

If not, specify what you needed:

12. Rate the agenda:   \_\_\_ Good                                   \_\_\_ Fair  
                          \_\_\_ Not so good

How can we improve the agenda, use of our time?

Future topics?

13. Rate the Springfield meeting location (sleeping rooms and meeting room, lunches):

\_\_\_ Good.

Explain\_\_\_\_\_

\_\_\_ Not so good.

Explain\_\_\_\_\_

Please give feedback on virtual meetings.  
Are you able to connect and hear? Do you feel a part of the meeting and able to contribute? What is your preference for length of meetings and how to break them up if there is too much to cover in one? How can material best be presented to you?



# Family Member Advocacy Survey Results

Grantee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by ICDD: \_\_\_\_\_

The data reported below should be aggregated from survey results received from:  
\_\_\_\_\_

## Section 1: Family Member Advocacy Impact Data

Data Requested	Total
1. What is the total number of participants in project activities for the year?	
2. How many surveys total were returned?	
3. Total number of family members that report they are pleased with the project activities over the last year.	
4. Total number of family members that report they are better able to say what is important to their family member with I/DD.	
5. Total number of family members that report an ICDD funded activity increased their advocacy to help their family member with I/DD get what they need.	
6. Total number of family members that report participating in advocacy activities. (Such as advocating on an issue, joining an advocacy group or effort)	
7. Total number of family members that report being a member or leader of a cross disability coalition, policy board, advisory board, or governing body.	

## Section 2: Demographic Information

Race/Ethnicity	Total
White alone (includes origin of Europe, Middle East, North Africa)	
Black or African American alone	
American Indian and Alaska Native alone	
Asian alone	
Native Hawaiian & Other Pacific Islander alone	
Hispanic or Latino (of any race)	
Some other race alone	
<b>Two or more races</b>	
Two races including Some other race	
Two races excluding Some other race, and three or more races	

## Section 3: Other Information

Gender	Total
Female	
Male	
Prefer not to choose	
<b>Residency</b>	
Total for who responded to living in a big town or city (population over 2,500 in a cluster)	
Or total for who responded to living in a small town/in the country: _____ (population no more than 2,500)	

*\*Reminder: the data above should only reflect results from **Family Members**. Please do not include data results from Individual Advocacy surveys.*

# Satisfaction Survey

Thank you for attending **(ADD EVENT NAME)** hosted by **(ADD GRANTEE NAME)**. This event is funded by the Illinois Council on Developmental Disabilities (The Council). The Council and **(ADD GRANTEE NAME)** would be very grateful for your help in completing the following questions. Your responses are voluntary and will not be individually identifiable. Thank you for completing the survey!

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## SECTION I: ATTENDEE INFORMATION

**I am a (please check one):**

Family Member	<input type="checkbox"/>	Person with a developmental disability	<input type="checkbox"/>
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**I identify my Race/Ethnicity as (please check one)**

White, only	<input type="checkbox"/>	Hispanic or Latino (of any race)	<input type="checkbox"/>
Black or African American only	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>
Asian only	<input type="checkbox"/>	Race unknown	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander only	<input type="checkbox"/>		<input type="checkbox"/>



**I identify myself as (please check one)**



Male	<input type="checkbox"/>	Prefer not to choose	<input type="checkbox"/>
Female	<input type="checkbox"/>		



**I live in (please check one)**

A city or town	<input type="checkbox"/>	A very small town or in the country	<input type="checkbox"/>
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## SECTION II: SATISFACTION

	Check <b>YES</b> or <b>NO</b>	<b>YES</b> 	<b>NO</b> 
1. Did you advocate more since you participated in this project? (For example, did you join a self-advocacy group or participate in advocacy activities with other people?)			
<b>Feel free to leave comments:</b>			

	Check <b>YES</b> or <b>NO</b>	<b>YES</b> 	<b>NO</b> 
2. Did participating in (ADD PROJECT ACTIVITY) help you to speak up and tell/show other people what is important to you?			
<b>Feel free to leave comments:</b>			

	Check <b>YES</b> or <b>NO</b>	<b>YES</b> 	<b>NO</b> 
3. Are you still doing advocacy activities now?			
<b>Feel free to leave comments:</b>			

Check **YES** or **NO**

**YES**



**NO**



4. Did you become a member of a board or part of an agency/organization or community social/civic/faith-based group that gives suggestions or makes rules and decisions?

**If yes, what board(s) or group(s)?:**

Check **YES** or **NO**

**YES**



**NO**



5. Are you happy with the project's activities?

**Feel free to leave comments:**

**If you want, please share a story about how participating in (ADD PROJECT NAME/ACTIVITY) over the past year helped you advocate for yourself and others.**



# Individual Advocacy Survey Results

Grantee: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completed by ICDD: \_\_\_\_\_

The data reported below should be aggregated from survey results received from: \_\_\_\_\_

## Section 1: Individual Advocacy Impact Data

Data Requested	Total
1. What is the total number of individuals with I/DD in project activities for the year?	
2. How many surveys total were returned?	
3. Total number of individuals with I/DD that reported they are pleased with the project activities over the last year.	
4. Total number of individuals with I/DD that report they are better able to say what is important to them.	
5. Total number of individuals with I/DD that report an ICDD funded activity increased their advocacy to help them get what they need.	
6. Total number of individuals with I/DD that report participating in advocacy activities. (Such as advocating on an issue, joining an advocacy group or effort)	
7. Total number of individuals with I/DD that report being a member or leader of a cross disability coalition, policy board, advisory board, or governing body.	

## Section 2: Demographic Information

Race/Ethnicity	Total
White alone (includes origin of Europe, Middle East, North Africa)	
Black or African American alone	
American Indian and Alaska Native alone	
Asian alone	
Native Hawaiian & Other Pacific Islander alone	
Hispanic or Latino (of any race)	
Some other race alone	
<b>Two or more races</b>	
Two races including Some other race	
Two races excluding Some other race, and three or more races	

## Section 3: Other Information

Gender	Total
Female	
Male	
Prefer not to choose	
<b>Residency</b>	
Total for who responded to living in a big town or city (population over 2,500 in a cluster)	
Or total for who responded to living in a small town/in the country: _____ (population no more than 2,500)	

*\*Reminder: the data above should only reflect results from **Individuals**. Please do not include data results from Family Member Advocacy surveys.*

Kentucky



Agency: Click or tap here to enter text.

EVENT: Click or tap here to enter text.

DATE: Click or tap here to enter text.

**Directions – Please mark all the category(s) that describe you.**



<b>I am:</b>	
A person with a disability	<input type="checkbox"/>
A family member of a person with a disability	<input type="checkbox"/>
Neither of the above	<input type="checkbox"/>

<b>I live in this type of area</b>	
Urban (City)	<input type="checkbox"/>
Rural (Country)	<input type="checkbox"/>

<b>I am in this group(s):</b>	
White	<input type="checkbox"/>
Black / African American	<input type="checkbox"/>
American Indian and Alaska Native	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>
Asian alone	<input type="checkbox"/>
Native Hawaiian & Other Pacific Islander	<input type="checkbox"/>
Other/unknown	<input type="checkbox"/>

<b>I am:</b>	
Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Other/No Answer	<input type="checkbox"/>

	<b>Yes</b>
I do advocacy now	<input type="checkbox"/>
I am currently on the Commonwealth Council on Developmental Disabilities (CCDD)	<input type="checkbox"/>
I am on another disability board or in a leadership position	<input type="checkbox"/>

Directions - Please mark ONE BOX for each line - What best describes your opinion?	YES 	NO 
This event increased my advocacy skills.	<input type="checkbox"/>	<input type="checkbox"/>
This event will help me to better say what I want and what is important to me.	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with this training.	<input type="checkbox"/>	<input type="checkbox"/>

**How can we improve the training to make it better for others in the future?**

**Please tell us anything else you would like us to know:**

If you would like more information on becoming a member of the Commonwealth Council on Developmental Disabilities, give us your name and contact email/address:

Name: \_\_\_\_\_

Email or Address: \_\_\_\_\_

# Massachusetts

Attached are the MDDC's survey templates for individual participants in MDDC programs and grants (English, Spanish & Portuguese), and batch summary cover sheet for MDDC trainings.

Here is the survey we use for the MDDC's Council Empowerment Funds program. Feel free to contact me if you need any additional information. I hope it is helpful.

Harold Lieberman

Assistant to the Chief Financial Officer  
Massachusetts Developmental Disabilities Council  
108 Myrtle Street, Suite 202, Quincy, MA. 02171-1791  
Phone 617-770-7676 extension 115  
Facsimile: 617-770-1987

Email: [harold.lieberman@mass.gov](mailto:harold.lieberman@mass.gov)

## Post-Event Survey

(please note that this survey can also be filled out online through the link  
<https://www.surveymonkey.com/r/CEFpes>)

Name:

Date:

**1. How did you learn of the availability of empowerment funds?**

- a) Service Provider      b) Parent Org.      c) Consumer Org.  
d) State Agency      e) PSA      f) Word of Mouth  
g) Internet      h) Return User      i) Other \_\_\_\_\_

Please circle the response that best fits your experience.

**2a. During the application process, how do you rate the MDDC's response to inquiries or other issues?**

Very Satisfactory      Satisfactory      Not Satisfactory

**2b. Do you have any additional comments?**

**3a. How do you rate the conference or event that you attended?**

Very Satisfactory      Satisfactory      Not Satisfactory

**3b. Do you have any additional comments?**

**4. How many people from your family attended the event?**

\_\_\_\_\_ people with developmental disabilities      \_\_\_\_\_ family members

**5. The person/people with a developmental disability on behalf of whom funds were used is/are**

White \_\_\_\_ Black or African American \_\_\_\_ American Indian or Alaska Native \_\_\_\_  
Hispanic/Latino \_\_\_\_ Asian \_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_  
Two or more races \_\_\_\_ Unknown \_\_\_\_ Prefer Not to Say \_\_\_\_

**6. The gender of the person/people attending the event is/are**

Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_ Prefer Not to Say \_\_\_\_

7. **Please name the developmental disability or disabilities in question (e.g., Cerebral Palsy, Autism, Attention Deficit Disorder, Thought or Mood Disorder, etc.**
8. **Please check all that apply**  
**As a result of this event:**
- a) **I have increased my advocacy skills.**\_\_\_\_\_
  - b) **I am better able to say what I want to say/what is important to me.**\_\_\_\_\_
  - c) **I am participating now in advocacy activities.**\_\_\_\_\_
  - d) **I am on a cross-disability coalition, policy board, advisory board or other leadership position. If yes, describe.**\_\_\_\_\_
  - e) **I am satisfied with this event.**\_\_\_\_\_
9. **Personal Story: Describe yourself or the individual or family member the story is about and the issue faced or need addressed. Describe what the Council funds were used for and the how this had a positive impact on your life or the life of the individual or family member.**

## Pesquisa dos participantes – Projetos patrocinados pelo MDDC

Projeto/Atividade: \_\_\_\_\_

Nome (opcional): \_\_\_\_\_ Data: \_\_\_\_\_

Moro em (cidade): \_\_\_\_\_

**Coloque uma marca  no categorias que descrevam quem você é. Eu sou:**

Uma pessoa com uma deficiência de desenvolvimento _____	Uma familiar de uma pessoa com uma deficiência de desenvolvimento _____	Outra opção: _____ _____
Sexo masculino _____	Sexo feminino _____	Outra opção: _____

**Coloque uma marca  no quadro que melhor descreva seu background étnico:**

Sou Branco		Sou Hispânico/Latino		Sou Asiático	
Sou Negro ou Afro-americano		Sou Indígena americano		Tenho duas ou mais raças	
Sou Nativo do Havai		Sou de outra raça		Não sei ou prefiro não responder	

**Responda as perguntas 1-5 marcando  os quadros abaixo de Sim ou Não:  
Como resultado da sua participação neste projeto/atividade...    Sim    Não**

1.	Aumentei minhas habilidades de me defender.		
2.	Estou mais capacitado a dizer o que quero dizer / dizer o que é mais importante para mim.		
3.	Estou participando de atividades de defesa/representatividade.		
4.	Estou em uma coalizão de deficiências cruzadas, conselho de políticas, conselho consultivo ou outra posição de liderança. Se respondeu Sim, descreva: _____		
5.	Estou satisfeito com este projeto/atividade.		

**Comentários adicionais? Use o verso desta página, se necessário. Obrigado por responder esta pesquisa.**

## Participant Survey – MDDC Sponsored Projects

**Project/Activity:**

**Name (optional):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **I live in (town/city):** \_\_\_\_\_

**Put a check in the categories that describe who you are. I am:**

A person with a developmental disability \_\_\_\_\_

A family member of person with a developmental disability \_\_\_\_\_

Other: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Other: \_\_\_\_\_

**Put an x on the line that best describes your ethnic background:**

I am White \_\_\_\_\_

I am two or more races \_\_\_\_\_

I am Hispanic/Latino \_\_\_\_\_

I am Native Hawaiian \_\_\_\_\_

I am Asian \_\_\_\_\_

I am another race \_\_\_\_\_

I am Black or African - American \_\_\_\_\_

I don't know or don't want to answer \_\_\_\_\_

I am Native American \_\_\_\_\_

**Do you live in an urban or rural area?**

Urban \_\_\_\_\_ Rural \_\_\_\_\_ I don't know \_\_\_\_\_

**Answer questions 1-5 by putting answering Yes or No on the line.**

As a result of participating in this project/activity...

1. I have increased my advocacy skills. \_\_\_\_\_

2. I am better able to say what I want to say / say what is important to me. \_\_\_\_\_

3. I am participating now in advocacy activities. \_\_\_\_\_

4. I am on a cross-disability coalition, policy board, advisory board, or other leadership position.

\_\_\_\_\_ If yes, describe: \_\_\_\_\_

5. I am satisfied with this project/activity. \_\_\_\_\_

**Additional comments? Use the back of this page if needed. Thank you for completing this survey.**

# PARTICIPANT SURVEY COVER SHEET

PERIOD: \_\_\_\_\_

Dates: \_\_\_\_\_  
(Include schedule)

Venue \_\_\_\_\_

Graduation date: \_\_\_\_\_

Total graduated: \_\_\_\_\_

Total Staff/support \_\_\_\_\_

Total Attended: \_\_\_\_\_

**Write total from all participant surveys in this class:**

A person with a developmental disability _____	A family member person with a developmental disability _____	Other: _____ _____
Male _____	Female _____	Other: _____

**Write total from all participant surveys in this class:**

I am White		I am Hispanic/Latino		I am Asian	
I am Black or African-American		I am Native American		I am two or more races	
I am Native Hawaiian		I am another race		I don't know or don't want to answer	
I live in a Rural area		I live in an Urban area		I don't know	

**Write total from all participant surveys in this class:**

		Yes	No
1.	I have increased my advocacy skills..		
2.	I am better able to say what I want to say / say what is important to me.		
3.	I am participating now in advocacy activities.		
4.	I am on a cross-disability coalition, policy board, advisory board or other leadership position. If yes, describe: <b>(list any stated)</b> _____		
5.	I am satisfied with this project/activity.		

**Add STORIES and include any additional comments from surveys? Use the back of this page if needed...**





Tennessee



## Leadership Academy for Excellence in Disability Services

### 2017-18 Participant Evaluation

*This section is required for federal reporting to the Administration on Intellectual and Developmental Disabilities, and Title VI reporting to the TN Human Rights Commission:*

Race/Ethnicity	Check One	I identify as a ...	Check One
White, alone		Person with a disability	
Black or African American alone		Family member of a person with a disability	
American Indian and Alaska Native alone		Representative of an organization or State office	
Hispanic/Latino		<b>I identify as ...</b>	
Asian alone		Male	
Native Hawaiian & Other Pacific Islander		Female	
Two or more races		Other	
Race unknown		Prefer not to answer	
Prefer not to answer		<b>Geographic Area</b>	
Other – please describe:		Urban area	
		Rural area	

Directions - Please circle or highlight the number that best describes your opinion.

1. **The knowledge and training I received at the Leadership Academy for Excellence in Disability Services (LAEDS) has increased my leadership skills.**

**4**
**3**
**2**
**1**  
**Strongly Agree**
**Agree**
**Disagree**
**Strongly Disagree**

2. **Participation in LAEDS increased my knowledge of disability policies and practices.**

**4**
**3**
**2**
**1**  
**Strongly Agree**
**Agree**
**Disagree**
**Strongly Disagree**

3. **This Academy increased my knowledge of the unique leadership competencies required when working with Tennesseans with disabilities and their families.**

**4**
**3**
**2**
**1**  
**Strongly Agree**
**Agree**
**Disagree**
**Strongly Disagree**



**4. Describe one (1) lesson learned during this Academy that has changed you as a leader:**

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**5. List one (1) activity you have undertaken as a leader that is a DIRECT result of participating in this Academy:**

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**6. Which competency most increased your ability to be a leader?**

- |                        |                             |
|------------------------|-----------------------------|
| Organizational Agility | Managing Diversity          |
| Drive for Results      | Managing Vision and Purpose |
| Innovation Management  | Integrity and Trust         |
| Process Management     | Composure                   |

**Please explain why you selected that one competency:**

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7. I am satisfied with my experience with the Leadership Academy.

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

8. I found the additional technical resources useful?

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

9. I found the additional leadership resources useful?

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

10. I found the team projects worthwhile?

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>



# Advocates in Motion Evaluation Form

*This section is required for federal reporting to the Office on Intellectual and Developmental Disabilities:*

Race/Ethnicity	Check One	I identify as a ...	Check One
White, alone		Person with a disability	
Black or African American alone		Family member of a person with a disability	
American Indian and Alaska Native alone		Neither of the above	
Hispanic/Latino		<b>I identify as ...</b>	
Asian alone		Male	
Native Hawaiian & Other Pacific Islander		Female	
Two or more races		Other	
Race unknown		Prefer not to answer	
Prefer not to answer		<b>Geographic Area</b>	
Other – please describe:		Urban area	
		Rural area	

*Please select the number that best describes your opinion.*

**1. The Advocates in Motion (AiM) training increased my ability to self-advocate.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**2. The AiM training I attended helped me to be better able to say what I want and what is important to me.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**3. I believe the AiM training will help me to speak up and speak out at planning meetings about my life.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**4. I will be able to access more of my community as a result of participating in AiM.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**5. I believe I experienced an increased sense of confidence and control through what I learned at AiM.**



4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
<b>6. The AiM training increased my ability to identify and tell others what I want and need for my life and in my services and supports.</b>			
4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
<b>7. I am satisfied with my experience with the AiM training.</b>			
4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree
<b>8. I believe my life will be better because of being able to participate in AiM.</b>			
4 Strongly Agree	3 Agree	2 Disagree	1 Strongly Disagree



## 9/24/21 Council Meeting Evaluation Form

*This section is required for federal reporting to the Administration on Intellectual and Developmental Disabilities:*

<b>Race/Ethnicity</b>	<b>Check One</b>	<b>I identify as a ...</b>	<b>Check One</b>
White, alone		Person with a disability	
Black or African American alone		Family member of a person with a disability	
American Indian and Alaska Native alone		Representative of an organization or State office	
Hispanic/Latino		<b>I identify as ...</b>	
Asian alone		Male	
Native Hawaiian & Other Pacific Islander		Female	
Two or more races		Other	
Race unknown		Prefer not to answer	
Prefer not to answer		<b>Geographic Area</b>	
Other – please describe:		Urban area	
		Rural area	

Please circle whether you **agree or disagree** with the following statements:

<b>Through my participation as a Council member...</b>			
1.	I am better able to say what I want in services and supports for myself or my family member.	Agree	Disagree
2.	My knowledge of the resources available to support me or my family member has increased.	Agree	Disagree
3.	My ability to advocate has increased.	Agree	Disagree
4.	My knowledge of how the Tennessee disability service system works has increased.	Agree	Disagree
5.	My leadership skills have increased.	Agree	Disagree



**Through my participation work as a Council member...**

- |    |   |       |          |
|----|---|-------|----------|
| 6. | I have increased my understanding of the connection between the state plan goals and the work I do to advance Council priorities. | Agree | Disagree |
| 7. | I have increased my knowledge of the development, implementation, and evaluation of Council projects.                             | Agree | Disagree |
| 8. | I have increased my knowledge of how the Council budget and expenditures relates to achieving state plan priorities.              | Agree | Disagree |

1. How would you rate the **overall content** of today's Council meeting?

4 Brilliant	3 Good	2 Okay	1 I didn't like it
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2. What is the **most important piece of knowledge** shared at today's meeting?

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3. What was the **most valuable part** about today's meeting?

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4. What was **something that could be done better?**

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5. How would you rate the **Committee meeting** you attended?

4 Brilliant	3 Good	2 Okay	1 I didn't like it
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6. What feedback do you have about **committee meetings?**

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Please circle whether you **agree or disagree** with the following statements\*\*:

- |   |       |          |
|---|-------|----------|
| 7. I had all the materials I needed for the meeting.          | Agree | Disagree |
| 8. My voice was heard during today's meeting.                 | Agree | Disagree |
| 9. I understand my role on the Council.                       | Agree | Disagree |
| 10. The meeting space(s) I encountered were accessible to me. | Agree | Disagree |
| 11. I am satisfied with my experience at the Council meeting. | Agree | Disagree |

**\*\*If you disagreed with any statement above, please share more about your experience so that we might improve for the next meeting:**

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# COVID-19 Scholarship Fund Evaluation Form

*This section is required for federal reporting to the Office on Intellectual and Developmental Disabilities:*

Race/Ethnicity	Check One	I identify as a ...	Check One
White, alone		Person with a disability	
Black or African American alone		Family member of a person with a disability	
American Indian and Alaska Native alone		Neither of the above	
Hispanic/Latino		<b>I identify as ...</b>	
Asian alone		Male	
Native Hawaiian & Other Pacific Islander		Female	
Two or more races		Other	
Race unknown		Prefer not to answer	
Prefer not to answer		<b>Geographic Area</b>	
Other – please describe:		Urban area	
		Rural area	

*Please select the number that best describes your opinion.*

**1. The assistance I or my family member received allowed greater access to social interaction.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**2. The assistance I or my family member received reduced my anxiety and feelings of isolation.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**3. The funding assisted me or my family to identify and access resources or activities to assist me or my family member.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**4. I am satisfied with my experience with the COVID-19 Special Scholarship Fund.**



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

**5. My life or the life of my family member is better because of being able to use the COVID-19 Special Scholarship Fund.**

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

**Please tell us about you or your family's experience dealing with COVID-19 and the impact this assistance had on your experience.**

Sign me up to get more info from the Council about state and national disability issues:

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

- I'd like to receive the Council's weekly e-news about disability issues in TN
- I'd like to receive the Council's weekly disability public policy e-news
- I'd like to receive the Council's quarterly magazine *Breaking Ground* via email (or provide mailing address if you'd like to receive a print copy)
- I'm already on your mailing list
- Thanks, but I'm not interested!

## Partners in Policymaking Longitudinal Survey

### **Consent Information:**

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The Tennessee Council on Developmental Disabilities has contracted with the University of Tennessee Center for Developmental Disabilities to assist in evaluating the outcomes of the *Partners in Policymaking* program. This survey is part of a research study.

To help us with this evaluation, we are asking you to complete the following brief questionnaire. It is estimated that it will take 10-20 minutes. Your responses will be confidential and collected without identifiers. This means that your name will never be used in any report of the results, nor will your individual responses be shared with the *Partners in Policymaking* staff or Director of the Council. Your participation in the evaluation process is completely voluntary, and if you do not wish to be included, you may decline to participate with no negative consequences. There are no personal benefits or risks in participating.

The information you give us will be used to plan for future Partners' participants and may be disseminated in a future publication.

Please complete the survey only once. Completion of the survey is completely voluntary and by completing the survey online, you are consenting to participate in the program evaluation.

Your participation is much appreciated!

Please return the questionnaire no later than March 15, 2021.

For information about this project, please contact: Alexandra Vohs, PsyD  
University of Tennessee Health Science Center- Center for Developmental Disabilities  
711 Jefferson, Memphis, TN 38105  
Phone: 901-448-6561; Toll-Free: 888-572-2249  
E-mail: avohs@uthsc.edu  
UT IRB Approval # 18-05807-XM

You may also contact Terrence F. Ackerman, Ph.D., UTHSC IRB Chairman, at 901-448-4824, or visit the IRB website at <http://www.uthsc.edu/research/compliance/irb/> if you have any questions about your rights as a research subject, or if you have questions, concerns, or complaints about the research.

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### **Consent to participate:**

- Agree (Begin survey)
- Disagree (End survey)

## Demographics

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These questions will gather some basic demographic information on yourself or your family member. They are anonymous and cannot be linked back to you.

1. **What was the PRIMARY reason you were previously selected for Partners in Policymaking?**
  - I am a person with a disability
  - I am a family member of a person with a disability
  
2. **What is the nature of the PRIMARY disability?**
  - Intellectual
  - Hearing
  - Visual
  - Physical
  - Autism Spectrum
  - Other (please specify)
  
3. **What is your gender?**
  - Female
  - Male
  - Would rather not say
  
4. **What is your age? \_\_\_\_\_**
  
5. **What is your race?**
  - Caucasian
  - African-American
  - Asian
  - American Indian or Alaska Native
  - More than one race
  - Other (please identify): \_\_\_\_\_
  
6. **What is your ethnicity:**
  - Hispanic
  - Non-Hispanic
  
7. **Where do you live?**
  - East Tennessee
  - Middle Tennessee
  - West Tennessee
  
8. **Which best describes your community?**
  - Rural
  - Urban
  - Suburban
  -

**9. How long ago did you participate in the Partners in Policymaking program?**

- 0 – 5 Years
- 6 – 10 Years
- More than 10 Years

**Advocacy**

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**This next section has questions related to your advocacy efforts and activities since you participated in Partners in Policymaking. Please answer to the best of your knowledge and memory.**

**10. How much has participating in the Partners program increased your advocacy skills for yourself or others?**

- None
- A little bit
- Some
- A good amount
- A lot

**11. Since participating in Partners, how would you rate your ability to say what you want, say what services and supports you want, or say what is important to you?**

- Never able to do this
- Sometimes able to do this
- Not Sure
- I do this often
- I can always do this

**12. As a result of participating in Partners, how would you rate your comfort and ability to join and be involved with an advocacy group?**

- Never able to do this
- Sometimes able to do this
- Not sure
- I do this often
- I can always do this

**13. How often are you currently participating in any kind of advocacy group or group advocacy effort?**

- None
- A little bit
- Some
- A good amount
- A lot

**14. If you answered “none” to item #13, please skip this item. If you answered “A little bit,” “Some,” “A good amount,” or “A lot” to question #13, much would you say that participating in the Partners program helped to increase/enhance your work with the advocacy group or group advocacy effort?**

- None



- A little bit
- Some
- A good amount
- A lot

### **Community Involvement**

---

**The questions in this section will ask about your community involvement and leadership since completing Partners. Please answer to the best of your knowledge or memory.**

**15. Since participating in the Partners program, how often have you served as a member of a cross-disability coalition, policy board, advisory board, governing body or served in a leadership position?**

- None
- A little bit
- Some
- A good amount
- A lot

**16. If you answered “none” to item #15, please skip this item. If you answered “A little bit,” “Some,” “A good amount,” or “A lot” to question #15, how often are you able to be effective on this policy board, advisory board, governing body or leadership position since participating in the Partners program?**

- None
- A little bit
- Some
- A good amount
- A lot

### **Accomplishments, Activities and Success Stories**

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**We would love to hear about any accomplishments, awards, significant activities and success stories you might have experienced that you would attribute to having participated in the Partners program.**

**Have you helped write a piece of legislation? Have you had an article published? Have you been a presenter at a conference? Have you successfully broken down a barrier in your community? Have you made a daily activity (i.e. education, employment, housing, recreation, etc.) more inclusive and welcoming, or anything else that has had a positive impact for persons with disabilities or family members? If so, please tell us about it. Be as brief or detailed as you need; there is no length restriction.**

**17. Please share your story(ies) here.**

### **Personal Satisfaction with Partners**

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**These questions are about your experience in Partners and your level of satisfaction with the experience and training you received.**

**18. How much did participating in Partners increase your leadership skills?**

- None
- A little bit

- Some
- A good amount
- A lot

**19. How much did participating in Partners increase your sense of empowerment – which we define as increased choice and control?**

- None
- A little bit
- Some
- A good amount
- A lot

**20. How much did participating in Partners increase your ability to access your community?**

- None
- A little bit
- Some
- A good amount
- A lot

**21. How much did participating in Partners increase your knowledge of disability issues?**

- None
- A little bit
- Some
- A good amount
- A lot

**22. How much did participating in Partners increase your sense of being connected to others with a similar life experience?**

- None
- A little bit
- Some
- A good amount
- A lot

**23. How much did participating in Partners increase your ability to identify resources?**

- None
- A little bit
- Some
- A good amount
- A lot

**24. How much did participating in Partners increase your ability to access resources?**

- None
- A little bit

- Some
- A good amount
- A lot

**25. Overall, how much would you say your life is better for having participated in the Partners program?**

- None
- A little bit
- Some
- A good amount
- A lot

**26. Please provide any other comments you think important to share about your Partners in Policymaking experience.**

## **Partners in Policymaking Post-Training Evaluation**

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**Instructions:** We are hoping to get an idea of your knowledge and skills to continue improving the Partners in Policymaking program. Complete this evaluation as it applies to your current knowledge and skills in advocacy.

**1. Why were you selected for Partners this year? (Choose the primary reason you are participating.)**

- I am a person with a disability
- I am a family member of a person with a disability
- I am **both** a person with a disability and a family member with a disability

**2. What is the nature of the primary disability?**

- Intellectual
- Hearing
- Visual
- Physical
- Autism Spectrum Disorder
- Traumatic Brain Injury
- Speech/Language Impairment
- Multiple/Another disability not listed above: \_\_\_\_\_

**3. How do you currently describe your gender identity? (Mark all that apply)**

- Agender
- Genderqueer
- Gender fluid
- Man
- Non-binary
- Questioning or unsure
- Transgender
- Trans man
- Trans woman
- Woman
- Another gender category not listed above: \_\_\_\_\_
- I would rather not say

**4. What is your age?**

- >20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- <70

**5. What is the highest level of education you completed?**

- Less than a high school diploma
- High school diploma/ GED
- Some college or associate/ trade degree
- Bachelor’s degree
- Master’s degree or higher

**6. What is your current working status?**

- Employed
- Unemployed
- A primary caretaker of a home/homemaker
- A student
- Military
- Retired

**7. What is your race?**

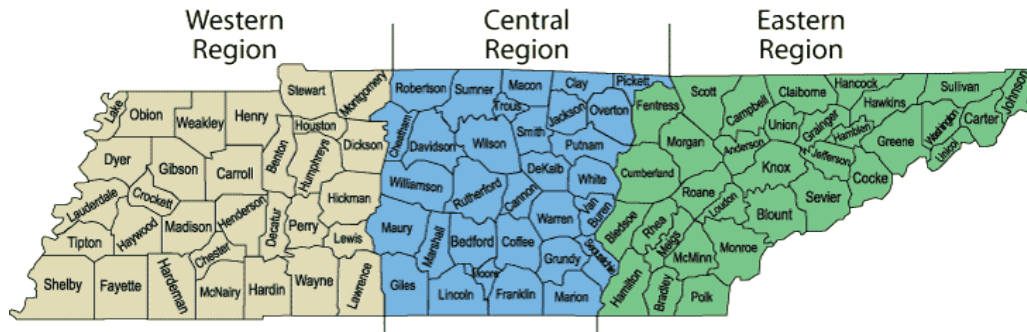
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Two or more races
- Race unknown
- Another race not listed above: \_\_\_\_\_

**8. What is your ethnicity:**

- Hispanic, Latino, or Spanish origins
- Not Hispanic or Latino
- Race and Ethnicity unknown

**9. Where do you live?**

- East Tennessee
- Middle/Central Tennessee
- West Tennessee



*Caption: This is a map of the three major regions (Western, Central, and Eastern) in the state of Tennessee with counties outlined.*

**10. Which best describes your community?**

- Rural (an area that is outside of towns and cities)
- Urban (an area in and around towns and cities)

**11. How would you rate your ability to say what you want or what is important to you?**

- Never able to do this
- Sometimes able to do this
- Not sure
- I do this often
- I can always do this

**12. How would you rate the following statement: “I currently have the ability to influence policymakers, public policy, and/or the legislative process”?**

- Never able to do this
- Sometimes able to do this
- Not sure
- I do this often
- I can always do this

**13. Please rate the number of advocacy activities in which you are currently engaged:**

- None
- A little bit
- Some
- A good amount
- A lot

**14. Please rate your current level of advocacy skills:**

- None
- A little bit
- Some
- A good amount
- A lot

**15. Please rate your comfort level with public speaking:**

- None
- A little bit
- Some
- A good amount
- A lot

**16. Please rate your current level of knowledge about state services and resources:**

- None
- A little bit
- Some
- A good amount

- A lot

**17. Has partners increased your sense of social inclusion by being a part of a group of people with similar life issues and/or concerns?**

- None
- A little bit
- Some
- A good amount
- A lot

**18. Please rate your comfort level of sharing your personal stories on important disability issues with policymakers.**

- None
- A little bit
- Some
- A good amount
- A lot

**19. Please rate your current level of leadership skills:**

- None
- A little bit
- Some
- A good amount
- A lot

**20. Please rate your current knowledge of disability issues.**

- None
- A little bit
- Some
- A good amount
- A lot

**21. Please rate your comfort using technology.**

- None
- A little bit
- Some
- A good amount
- A lot

**22. Were you satisfied with the Partners training?**

- None
- A little bit
- Some
- A good amount
- A lot

- 23. If you responded “none” or a “little bit” to question 17, what could have been done differently to make Partners in Policymaking a more satisfying experience?**
- 24. As you look to the future, what do you think is the most significant way the entire Partners in Policymaking training will help you?**
- 25. How have you successfully used your Partners in Policymaking training?**



## **Partners in Policymaking Pre-Training Evaluation**

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**Instructions:** We are hoping to get an idea of your knowledge and skills to continue improving the Partners in Policymaking program. Complete this evaluation as it applies to your current knowledge and skills in advocacy.

**1. Why were you selected for Partners this year? (Choose the primary reason you are participating.)**

- I am a person with a disability
- I am a family member of a person with a disability
- I am **both** a person with a disability and a family member with a disability

**2. What is the nature of the primary disability?**

- Intellectual
- Hearing
- Visual
- Physical
- Autism Spectrum Disorder
- Traumatic Brain Injury
- Speech/Language Impairment
- Multiple/Another disability not listed above: \_\_\_\_\_

**3. How do you currently describe your gender identity? (Mark all that apply)**

- Agender
- Genderqueer
- Gender fluid
- Man
- Non-binary
- Questioning or unsure
- Transgender
- Trans man
- Trans woman
- Woman
- Another gender category not listed above: \_\_\_\_\_
- I would rather not say

**4. What is your age?**

- >20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- <70

**5. What is the highest level of education you completed?**

- Less than a high school diploma
- High school diploma/ GED
- Some college or associate/ trade degree
- Bachelor's degree
- Master's degree or higher

**6. What is your current working status?**

- Employed
- Unemployed
- A primary caretaker of a home/homemaker
- A student
- Military
- Retired

**7. What is your race?**

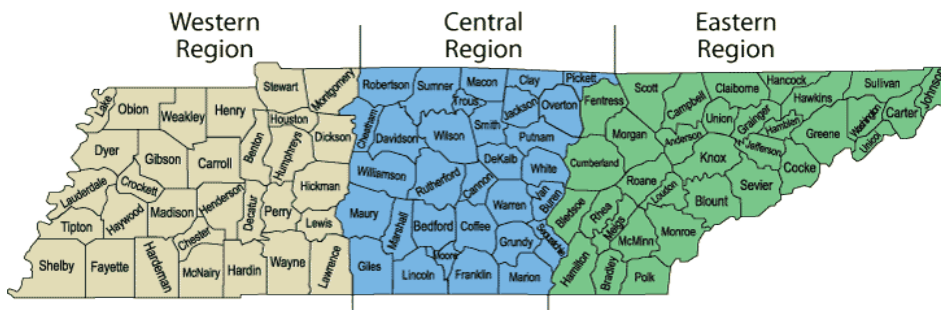
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Two or more races
- Race unknown
- Another race not listed above: \_\_\_\_\_

**8. What is your ethnicity:**

- Hispanic, Latino, or Spanish origins
- Not Hispanic or Latino
- Race and Ethnicity unknown

**9. Where do you live?**

- East Tennessee
- Middle/Central Tennessee
- West Tennessee



*Caption: This is a map of the three major regions (Western, Central, and Eastern) in the state of Tennessee with counties outlined.*

**10. Which best describes your community?**

- Rural (an area that is outside of towns and cities)
- Urban (an area in and around towns and cities)

**11. How would you rate your ability to say what you want or what is important to you?**

- Never able to do this
- Sometimes able to do this
- Not sure
- I do this often
- I can always do this

**12. How would you rate the following statement: “I currently have the ability to influence policymakers, public policy, and/or the legislative process”?**

- Never able to do this
- Sometimes able to do this
- Not sure
- I do this often
- I can always do this

**13. Please rate the number of advocacy activities in which you are currently engaged:**

- None
- A little bit
- Some
- A good amount
- A lot

**14. Please rate your current level of advocacy skills:**

- None
- A little bit
- Some
- A good amount
- A lot

**15. Please rate your comfort level with public speaking:**

- None
- A little bit
- Some
- A good amount
- A lot

**16. Please rate your current level of knowledge about state services and resources:**

- None
- A little bit
- Some
- A good amount

- A lot

**17. Please rate your sense of being connected to others with similar life experiences.**

- None
- A little bit
- Some
- A good amount
- A lot

**18. Please rate your comfort level of sharing your personal stories on important disability issues with policymakers.**

- None
- A little bit
- Some
- A good amount
- A lot

**19. Please rate your current level of leadership skills:**

- None
- A little bit
- Some
- A good amount
- A lot

**20. Please rate your current knowledge of disability issues.**

- None
- A little bit
- Some
- A good amount
- A lot

**21. Please rate your comfort using technology.**

- None
- A little bit
- Some
- A good amount
- A lot

# CDD Demographic Information

These questions are required by the Council's federal funding agency, the Administration on Intellectual and Developmental Disabilities. Your information will not be reported individually; rather we submit total numbers for each of these indicators for the program's fiscal year without any personal identifiers.

I am a ...\*

Person with a disability  Family member of a person with a disability  Neither of the above

Required for federal reporting purposes

Race / Ethnicity\*

White (alone)  Black or African American (alone)  American Indian and Alaska Native (alone)

Hispanic/Latino (alone)  Asian (alone)  Native Hawaiian & Other Pacific Islander (alone)  Two or more

races  Prefer not to answer  Race unknown

Required for federal reporting purposes

I live in a ...\*

Urban area  Rural area

Required for federal reporting purposes

I identify as ...\*

Male  Female  Prefer not to answer

Other:

Required for federal reporting purposes

# How this Event Impacted You

For each statement below, please select the best option that describes the extent to which you disagree or agree with each statement.

This presentation increased my knowledge about the Council on Developmental Disabilities.\*

Strongly agree  Agree  Disagree  Strongly disagree

This presentation increased my knowledge about decision-making and people with disabilities.\*

Strongly agree  Agree  Disagree  Strongly disagree

This presentation increased my ability to advocate for people with disabilities.\*

Strongly agree  Agree  Disagree  Strongly disagree

This presentation increased my knowledge of available resources for Tennesseans with disabilities and their families.\*

Strongly agree  Agree  Disagree  Strongly disagree

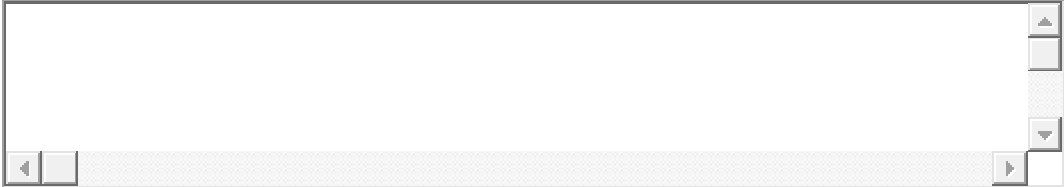
I will use the new knowledge and resources after today.\*

Yes  No

After this presentation, I view the Council on Developmental Disabilities as a resource to use in the future.\*

Strongly agree  Agree  Disagree  Strongly disagree

Please tell us anything else you would like us to know.

A large, empty rectangular text input field with a thin black border. On the right side, there is a vertical scroll bar with a small arrow pointing up and another pointing down. At the bottom left, there is a small square button with a left-pointing arrow. At the bottom right, there is a small square button with a right-pointing arrow.



# Scholarship Fund Evaluation Form

*This section is required for federal reporting to the Administration on Intellectual and Developmental Disabilities:*

Race/Ethnicity	Check One	I identify as a ...	Check One
White, alone		Person with a disability	
Black or African American alone		Family member of a person with a disability	
American Indian and Alaska Native alone		Neither of the above	
Hispanic/Latino		<b>I identify as ...</b>	
Asian alone		Male	
Native Hawaiian & Other Pacific Islander		Female	
Two or more races		Other	
Race unknown		Prefer not to answer	
Prefer not to answer		<b>Geographic Area</b>	
Other – please describe:		Urban area	
		Rural area	

*Please select the number that best describes your opinion.*

**1. The conference I attended increased my ability to advocate (if a family member) or self-advocate (if a person with a disability)**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**2. The conference I attended helped me to be better able to say what I or my family member want and what is important to me or to my family member.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**3. The conference I attended increased my knowledge of the topic(s) covered during the conference.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree

**4. The conference I attended increased my sense of being connected to others with a similar life experience.**

4	3	2	1
Strongly Agree	Agree	Disagree	Strongly Disagree



**5. The conference I attended increased my sense of empowerment, meaning I experienced an increased sense of confidence and control through what I learned.**

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

**6. The conference I attended prepared me to better identify and access resources or activities to assist me or my family member.**

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

**7. I am satisfied with my experience with the Scholarship Fund.**

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

**8. My life is better because of being able to use the Scholarship Fund.**

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

**Please tell us about you or your family's experience at the conference you attended. How did you or your family benefit from attending your chosen conference/training? How might you be able to use the new knowledge, skills, or abilities gained in the future?**





Sign me up to get more info from the Council about state and national disability issues:

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

- 
- I'd like to receive the Council's weekly e-news about disability issues in TN
  - I'd like to receive the Council's weekly disability public policy e-news
  - I'd like to receive the Council's quarterly magazine *Breaking Ground* via email (or provide mailing address if you'd like to receive a print copy)
  - I'm already on your mailing list*
  - Thanks, but I'm not interested!*



# Scholarship Fund Long-Term Evaluation

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## *Demographic Information*

**1.** I identify as:

- White or Caucasian
- Black or African-American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- More than one race
- Other (please identify): \_\_\_\_\_
- Would rather not say

**2.** I identify as:

- Hispanic
- Non-Hispanic
- Would rather not say

**3.** I identify as:

- A person with a disability
- A family member of a person with a disability
- Both of the above

**4.** I identify as:

- Female
- Male
- Other
- Would rather not say

**5.** The place where I live is:

- Urban (more people, taller buildings, more businesses, less trees and grass)
- Rural (less people, farms, open spaces, more trees and grass)
- A Suburb (near a big city, lots of family homes, fewer businesses, buildings not usually tall)



***Please select the answer that best describes your opinion.***

6. My ability to **advocate (speak up for myself or others)** has increased because I was able to go to conferences using the Scholarship Fund.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
7. My ability to **participate in activities that change the way services are provided** has increased because I was able to go to conferences using the Scholarship Fund.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
8. My ability to **find and use more resources in my area** has increased because I was able to go to conferences using the Scholarship Fund.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
9. I have explored and accessed more of my **community** because I was able to go to conferences using the Scholarship Fund.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree



**10. I have met more with policymakers** because I was able to go to conferences using the Scholarship Fund.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**11. My ability to impact disability policies and practices** has increased because I was able to go to conferences using the Scholarship Fund.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**12. I have been in more leadership roles** because I was able to go to conferences using the Scholarship Fund.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

**13. Please tell us one story that highlights how the Scholarship fund increased your ability to lead, advocate, educate policymakers, impact policy, access your community, and/or obtain resources?**

## YOUTH LEADERSHIP ACADEMY PROGRAM

## PARTICIPANT SURVEY

2017

**Please circle a response.**

1. Do you feel like you've learned how to be more of a leader because of this training? **Increased leadership skills**

**YES****NO**

2. Do you feel like you've about the importance of speaking up for yourself (self-advocacy) because of this training? **(Increased ability to advocate)**

**YES****NO**

3. Do you feel like you've gained more confidence in your ability to live more independently because of this training? **(Increased confidence to live independently)**

**YES****NO**

4. Do you feel like you've learned more about your rights **(disability policies and practices)** because of this training?

**YES****NO**

5. Do you feel like you've learned more about resources to help you because of this training? **(Increased knowledge of resources)**

**YES****NO**

## YOUTH LEADERSHIP ACADEMY PROGRAM

## PARTICIPANT SURVEY

2017

6. Do you feel like you've learned more about how to find (access) those resources to help you because of this training? (Increased ability to access resources) YES NO

7. Are you satisfied with this training? YES NO

If **yes**, what did you like best about it?

If **no**, what could we have done better, or differently?

8. Based on this training, what is a first step you might take to better prepare you for life after high school?

# Youth Readiness and Dream Building Day

Date: \_\_\_\_\_



Council on  
Developmental Disabilities



**1) After this training, do you have a better understanding the importance of speaking up for yourself?**

Yes

No

**2) After this training, do you know more about the kinds of skills you need to be an independent adult?**

Yes

No

**3) After this training, do you know more about what's important to you to have in your life after high school?**

Yes

No

**4) Did you like the Dream Building activity?**

Yes

No

**5) Did you think today was a good training?**

Yes

No

**6) What's the first thing you think you'll do after this training to prepare for being an adult?**

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**7) What did you learn at this training that will help you the most?**

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# Virginia

Attached are four surveys for our in-house training programs:

- "Train-the-Trainer Post-Participation Survey": A post-participation survey, which we currently administer via Zoom polls, for a train-the-trainer event for self-advocates to build their leadership skills. We ask the first 9 questions at the beginning of the event as well, to compare their pre- and post-participation answers.
- "PIP 2019-20 Post-Participation Survey": A post-participation survey for PIP. We used to ask these questions via surveys, but we are now asking these questions via virtual focus groups during COVID-19. We ask questions 4 and 5 before the program begins as well, to compare their pre- and post-participation answers.
- "2020 Fall Alumni Survey": An annual web-based survey that we distribute to all alumni of our training program (YLA, PIP, and TAA). This survey is to identify the longer-term impacts of our training programs. We operate YLA and PIP every other year, so the questions vary from year to year depending on which program(s) we implemented.
- "Evaluation of Election Information Session": A web-based survey that we distributed following a virtual event we held on voting for the 2020 Presidential election. We obtain gender/race/geography information through other means, so those questions are excluded.

I'm also attaching a sample of surveys from three recent grant projects, all of which were originally drafted by the grantee and then reviewed by us using the track changes. I'm showing you the version with track changes, in case it's helpful to see the type of input we provide. If you want to see the final version, without track changes in the way, change "All Markup" to "No Markup" in the Review tab.

- "SAFARI Pre- and Post-Test Questions": A web-based survey to direct support professionals who received a board game, created by our grant project, to play with the people they serve. The survey aimed to identify the impact of the game on the quality of care, job satisfaction, and job turnover.
- "VCU RRTC Advocacy Survey": A web-based survey for people with disabilities who received training on competitive, integrated employment alongside employers and family members. The survey aims to identify the impact of the training on their employment outcomes.
- "Richmond Public Schools Tech Grant Survey": A web-based survey for people who received assistive technology from a school district we funded. All recipients had DD, and the school district already had information on gender/race/geography, so we did not have our standard demographic questions. The school also surveyed teachers about each recipient.

**Nia Harrison, M.P.P.**  
Director of Planning, Research, and Evaluation  
Virginia Board for People with Disabilities (VBPD)  
Phone: (804) 786-7333, Fax: (804) 786-1118  
[www.VaBoard.org](http://www.VaBoard.org)



**2020 FALL ALUMNI SURVEY  
for YLF, PIP, and TAA Participants (Combined)**

(Include PIP/YLF/TAA logos on the introductory page, if possible. Include progress bar for survey. Survey active **October 19 to November 1**, with reminders on **October 23<sup>rd</sup>** and **October 29<sup>th</sup>**.)

The Virginia Board for People with Disabilities needs your help!

The Virginia Board for People with Disabilities surveys all of its training program graduates annually to help report program results to its federal funding and oversight agency, the U.S. Administration on Intellectual and Developmental Disabilities. The survey asks about your background, training program participation, advocacy activities, and leadership activities. We are required to report this information to ensure future funding and needed improvements for programs like the Youth Leadership Academy (formerly Youth Leadership Forum), Partners in Policymaking, and the Training Alumni Association (formerly Alumni Development Program).

Please plan to set aside up to 15 minutes to complete this survey **by the end of Sunday, November 1**. Your answers will be **confidential**, so please feel free to answer honestly. There will also be an opportunity at the end of the survey to provide any additional information you desire. Thank you for your assistance in ensuring the continued operation of our training programs!

For assistance, additional information, or copies of the survey in an alternative format, please call the Board at 1-800-846-4464 (voice & TTY) or e-mail us at [Info@vbpd.virginia.gov](mailto:Info@vbpd.virginia.gov).

**I. BACKGROUND INFORMATION**

1. (required question) **Please describe yourself.**

- Individual without a disability
- Individual with a developmental disability e.g., intellectual disability, autism, cerebral palsy
- Individual with a disability other than a developmental disability e.g., learning disability
- I do not wish to answer

2. (required question) **Please identify your parental status.**

- Not a parent of a person with a disability
- Parent of a person with a developmental disability e.g., intellectual disability, autism, cerebral palsy
- Parent of a person with a disability other than a developmental disability e.g., learning disability
- I do not wish to answer

3. (required question) **Which of the following training program(s) have you ever participated in through the Virginia Board for People with Disabilities?**

- (Ben: Selecting this response will skip to question #7) Youth Leadership Academy (formerly the Youth Leadership Forum)
- (Ben: Selecting this response will lead into the next question #4) Partners in Policymaking
- (Ben: Selecting this response will lead into the next question #4) Both Youth Leadership Academy (formerly the Youth Leadership Forum) and Partners in Policymaking
- (Ben: Selecting this response will lead to survey exit) None of the above (selecting this response will cause you to exit the survey)

**Commented [HN(1):** Ben, please include these section headers in Constant Contact if possible (I can't remember if it is or not). It will help break up the survey for respondents, to make it look less daunting.

## II. PARTNERS IN POLICYMAKING

4. (if #3 = “Partners in Policymaking” or “Both...”; required question) **Did you graduate the Partners in Policymaking program in 2020?**
- (Ben: Selecting this response will skip to question #7) No
  - (Ben: Selecting this response will lead into the next question #5) Yes
5. (if #4 = “yes”) **Did your participation in the Partners in Policymaking program result in you advocating more frequently for people with disabilities during the past 12 months?**
- No
  - Yes
  - I don’t know
6. (if #4 = “yes”) **After participating in the Partners in Policymaking program, are you better able to say what you want (including any services and supports you want) or what is important to you?**
- Not better
  - Somewhat better
  - A lot better

### III. ADVOCACY ACTIVITY

7. (required question) **During the past 12 months, did you advocate for people with disabilities?**

Advocacy can influence public policy within your school, locality, state, or the nation. Advocacy activities include writing or calling your state or federal representatives or other policymakers; writing editorials; getting involved in a social media campaign; making comments or testifying to your local school board, Board of Supervisors, or the General Assembly; and helping other people with disabilities advocate for themselves and others.

- No
- Yes
- I don't know

8. (required question) **During the past 12 months, did you serve on any boards, advisory councils, or other decision-making groups?** Groups can be within your school, locality, state, or the nation.

- (Ben: Selecting this response will skip to question #10) No
- (Ben: Selecting this response will lead into the next question #9) Yes
- (Ben: Selecting this response will skip to question #10) I don't know

9. (if #8 = "yes") **During the past 12 months, have you held any leadership positions for at least one board, advisory council, or other decision-making group on which you have served?**

- No
- Yes
- I don't know

**IV. TRAINING ALUMNI ASSOCIATION (FORMERLY THE ALUMNI DEVELOPMENT PROGRAM)**

10. (required question) **Have you ever participated in the Training Alumni Association (formerly known as the Alumni Development Program)?**

The Board created the Training Alumni Association in 2016 to further engage alumni of its training programs with each other, the Board, and other organizations to advocate for people with disabilities. The Association has hosted a variety of advocacy events, knowledge and skill building workshops, and planning meetings.

- (Ben: Selecting this response will skip to question #17) No
- (Ben: Selecting this response will lead into the next question #11) Yes
- (Ben: Selecting this response will skip to question #17) I don't know

11. (if #10 = "yes") **During the past 12 months, did you participate in at least one meeting, advocacy activity, or knowledge or skill building workshop for the Training Alumni Association?**

- (Ben: Selecting this response will skip to question #17) No
- (Ben: Selecting this response will lead into the next question #12) Yes
- (Ben: Selecting this response will skip to question #17) I don't know

12. (if #11 = "yes") **The Training Alumni Association has hosted its recent events virtually, using Zoom and Facebook Live, to ensure safety during the COVID-19 pandemic. How has the virtual format impacted your engagement with the Training Alumni Association, if at all?**

- I feel less engaged with the Training Alumni Association as a result of the virtual format
- The virtual format has not impacted my feeling of engagement with the Training Alumni Association
- I feel more engaged with the Training Alumni Association as a result of the virtual format
- I don't know

13. (if #11 = "yes") **During the past 12 months, did your participation in the Training Alumni Association result in you advocating more frequently for people with disabilities?**

- No
- Yes
- I don't know

14. (if #11 = "yes") **During the past 12 months, did your participation in the Training Program Alumni Association increase your ability to advocate effectively for people with disabilities?**

- No
- Yes
- I don't know

15. (if #11 = "yes") **During the past 12 months, how satisfied were you with the Training Alumni Association overall?**

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

16. (if #11 = "yes") **To help us determine who is being represented in our survey results and the Training Alumni Association, please select the region of the state in which you live.**

- Central Virginia
- Northern Virginia
- Southwest Virginia
- Tidewater
- I don't know

**V. CONCLUSION**

17. (required question) **Please select the category below that best describes your race and ethnicity.** We are federally required to report this information, using these response categories.
- White, alone
  - Black or African American, alone
  - American Indian and Alaska Native, alone
  - Hispanic/Latinx
  - Asian, alone
  - Native Hawaiian & Other Pacific Islander, alone
  - Two or more races
  - Race unknown
  - I do not wish to answer

18. (required question) **Please select your gender.** We are federally required to report this information, using these response categories.
- Female
  - Male
  - Other
  - I do not wish to answer

19. (required question) **Please select the category below that best describes the area in which you live.** We are federally required to report this information.

If you need help determining which category is most appropriate, you can search for your city or county in the U.S. Census Bureau’s “County Classification Lookup Table” found at [this website](#). You are in an urban area if your locality is shown in blue, and a rural area if your locality is shown in orange or green.

- Urban
- Rural
- I don’t know
- I do not wish to answer

20. (optional question) **Please provide any additional feedback you have regarding the Virginia Board for People with Disabilities’ training programs. For example, you may want to describe how you have been impacted by the program(s) in which you participated and/or suggest opportunities for improvement.** This question is optional.

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21. (optional question) **Are there any topics that you would like the Training Alumni Association to address in the coming year?** If so, please describe the topic and how you think it could be addressed. This question is optional.

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[Include PIP, YLF, and TAA logos at the top of the exit page, if possible] **Thank you for your assistance in ensuring the continued operation and improvement of our training programs!** For questions or additional feedback on the Board's training programs, please contact Nia Harrison, the Board's Director of Planning, Research, and Evaluation, at [nia.harrison@vbpd.virginia.gov](mailto:nia.harrison@vbpd.virginia.gov) or 804-786-7333.





## **Evaluation of “Everything You Need to Know About the Election Process”**

Please take a few minutes to tell us how you felt about the September 21 event, "Everything You Need to Know About the Election Process: Information & Question and Answer Session." Your feedback will help us improve future events and report required information about its impact to our funders. Your answers will be **anonymous**, so please feel free to answer honestly. Please respond **by Sunday, September 27.**

For assistance, additional information, or copies of the survey in an alternative format, please contact Nia Harrison at 804-786-7333 or [Nia.Harrison@vbpd.virginia.gov](mailto:Nia.Harrison@vbpd.virginia.gov).

### **1. In your opinion, how effective was the virtual format for this event?**

- Not effective
- A little effective
- Somewhat effective
- Very effective

### **Event Impacts**

### **2. As a result of attending the event, how did your knowledge about the various ways to vote in the November 2020 election change?**

- No change
- Increased a little
- Increased somewhat
- Increased a lot

**3. As a result of attending the event, how did your knowledge about accommodations for voters with disabilities change?**

- No change
- Increased a little
- Increased somewhat
- Increased a lot

**4. Did your attendance at the event make you feel more comfortable with the voting process for the November 2020 election?**

- No
- Yes
- I don't know

**5. Did your attendance at the event make you more likely to vote in the election this November?**

- No
- Yes
- I don't know

**6. How satisfied were you with the event overall?**

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

## About Yourself

**7. Are you a graduate of one of the Board’s training programs? The Board’s training programs include the Youth Leadership Academy, which was formerly called the Youth Leadership Forum, and Partners in Policymaking.**

- No
- Yes

**8. Please describe yourself. Please check all that apply.**

- I do not have a disability
- I have a developmental disability e.g., intellectual disability, autism, cerebral palsy
- I have a disability other than a developmental disability e.g., learning disability
- I do not wish to answer

**9. Please describe any connections you may have to other people with disabilities. Please check all that apply.**

- I have a family member who has a developmental disability e.g., intellectual disability, autism, cerebral palsy
- I have a family member who has a disability other than a developmental disability e.g., learning disability
- I am a professional who advocates for people with disabilities
- I am a professional who directly serves people with disabilities
- Other
- None of the above
- I do not wish to answer

**10. Please provide us any additional feedback you may have. For example, we would love to hear anything you liked about the event, how the event could be improved, any difficulties you had with accessing the event, and any topics you’d like future events to address.**

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**THANK YOU FOR YOUR FEEDBACK!**



## **PIP POST-PARTICIPATION SURVEY**

Please answer the following 6 questions about your experience with the Partners in Policymaking Program. Your answers will be anonymous, so please feel free to be honest. Alternative formats are available upon request.

Your feedback will help us improve the program and assess your growth in advocacy skills. This information will also be used to fulfill state and federal reporting requirements. Thank you for your feedback!

1. The following questions ask about your experience with staff for the Virginia Board for People with Disabilities throughout the program.

**a. How clearly did staff communicate information about the program?**

- Not clearly       Somewhat clearly       Very clearly       Extremely clearly

**b. How helpful were staff in responding to your questions or requests?**

- Not helpful       Somewhat helpful       Very helpful       Extremely helpful

**c. How respectful were staff?**

- Not respectful       Somewhat respectful       Very respectful       Extremely respectful

**d. Please write any comments you have about the staff here:** \_\_\_\_\_

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**PLEASE CONTINUE TO QUESTION 2 ON THE NEXT PAGE**

2. Please select your level of satisfaction with each of the following program aspects:

- |                          |  |   |   |  |
|--------------------------|--|---|---|--|
| <b>a. Location</b>       | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>b. Meeting days</b>   | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>c. Meeting times</b>  | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>d. Meeting rooms</b>  | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>e. Sleeping rooms</b> | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>f. Restrooms</b>      | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |
| <b>g. Food</b>           | <input type="checkbox"/> Not satisfied | <input type="checkbox"/> Somewhat satisfied | <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Extremely satisfied |

**PLEASE CONTINUE WITH QUESTION 2 ON THE NEXT PAGE**

**h. Number of breaks**    Not satisfied    Somewhat satisfied    Very satisfied    Extremely satisfied

**i. Ease of paperwork requirements, including reimbursement**    Not satisfied    Somewhat satisfied    Very satisfied    Extremely satisfied

**j. Please write any comments you have about program logistics here:** \_\_\_\_\_

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**PLEASE CONTINUE TO QUESTION 3 ON THE NEXT PAGE**

3. The following questions ask about the program's content overall:

**a. How clear were the program's goals?**     Not clear     Somewhat clear     Very clear     Extremely clear

**b. Do you think the program's goals were achieved?**     Not achieved     Somewhat achieved     Mostly achieved     Fully achieved

**c. Did the program have a good mix of presentations, group work, and individual work?**     Not good     Somewhat good     Very good     Extremely good

**d. How organized was the program?**     Not organized     Somewhat organized     Very organized     Extremely organized

**PLEASE CONTINUE WITH QUESTION 3 ON THE NEXT PAGE**



**e. How clear were the expectations of you?**

- Not clear     Somewhat clear     Very clear     Extremely clear

**f. How helpful were the homework assignments for your development?**

- Not helpful     Somewhat helpful     Very helpful     Extremely helpful

**g. Please write any comments you have about the program content here: \_\_\_\_\_**

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**PLEASE CONTINUE TO QUESTION 4 ON THE NEXT PAGE**

4. Please rate your level of knowledge on the following advocacy topics.

**a. History of the disability rights movement**

None  A little  Some  Moderate  Substantial

**b. Legal rights of people with disabilities**

None  A little  Some  Moderate  Substantial

**c. Inclusive education**

None  A little  Some  Moderate  Substantial

**d. Person-centered goal setting and planning**

None  A little  Some  Moderate  Substantial

**e. Advocating to state and federal legislatures**

None  A little  Some  Moderate  Substantial

**f. Supported living**

None  A little  Some  Moderate  Substantial

**PLEASE CONTINUE WITH QUESTION 4 ON THE NEXT PAGE**

**g. Competitive,  
integrated  
employment**

None    A little    Some    Moderate    Substantial

**h. Medicaid**

None    A little    Some    Moderate    Substantial

**i. Self-determination**

None    A little    Some    Moderate    Substantial

**j. Positive behavior  
supports**

None    A little    Some    Moderate    Substantial

**PLEASE CONTINUE TO QUESTION 5 ON THE NEXT PAGE**

5. Please rate your level of proficiency with the following advocacy skills.

- a. Facilitating group activities like meetings**     None     Basic     Intermediate     Advanced     Expert
- b. Delivering legislative testimony**     None     Basic     Intermediate     Advanced     Expert
- c. Coalition building**     None     Basic     Intermediate     Advanced     Expert
- d. Letter writing**     None     Basic     Intermediate     Advanced     Expert
- e. Email writing**     None     Basic     Intermediate     Advanced     Expert
- f. Petition writing**     None     Basic     Intermediate     Advanced     Expert
- g. Phone campaigns**     None     Basic     Intermediate     Advanced     Expert

**PLEASE CONTINUE TO QUESTION 6 ON THE NEXT PAGE**

6. The following questions ask about your overall opinion of Partners in Policymaking:

a. How much did the program benefit you?  Not at all  A little  Some  A lot

b. To what extent do you plan to advocate more in the future, as a result of your PIP participation?  No more than usual  A little more  Somewhat more  A lot more

b. How satisfied are you with the program overall?  Not satisfied  Somewhat satisfied  Very satisfied  Extremely satisfied

c. Please explain why you were or were not satisfied with the program overall, and what would make the program better: \_\_\_\_\_

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**THANK YOU FOR YOUR FEEDBACK!**

## Touchscreen Chromebook Feedback Survey

In January, your child received a touchscreen chromebook to assist them with their virtual instruction. Please take a moment to provide feedback on how the touchscreen chromebook has impacted your child's access to and participation in the virtual learning environment. This information will help us report required information to our funders and identify any remaining problems with access to virtual instruction.

Your answers will be anonymous, so please feel free to answer honestly. Please submit responses by April 2, 2021.

**Commented [HN(1):** Please see my comment on questions 1-5, and remove this sentence if those questions are retained.

**Commented [HN(2):** This might be too soon unless the survey is distributed ASAP

1. Email address \_\_\_\_\_
2. Name of Student: \_\_\_\_\_
3. Name of Person Completing Form: \_\_\_\_\_
4. Relationship to Student:
  - Parent
  - Guardian
  - Student
  - Other
5. Student's School: \_\_\_\_\_

**Commented [HN(3):** Is this identifying information necessary for your purposes? For example, is it being used to confirm that a given child used the chromebook or do you also have other ways of confirming use of the chromebook? Is it being used to follow up with people who don't respond to the survey? If it is not necessary, I recommend removal of these questions, and the addition of a sentence in the introduction informing them that the survey is anonymous, because people are more likely to answer honestly if a survey is anonymous.

6. How have your child and other household members used the touchscreen chromebook? This information will help us understand the full benefits of the chromebook. Please check all that apply.

**Commented [HN(4):** Confirming whether this respondent used the chromebook for its intended purpose, which can inform performance measure SC 2.1.4

- My child has used the touchscreen chromebook to participate in virtual education.
- My child has used the touchscreen chromebook to stay connected to friends and family, outside of school.
- My child has used the touchscreen chromebook for other purposes.
- I and/or other household members have used the touchscreen chromebook for work.
- I and/or other household members have used the touchscreen chromebook to stay connected to friends and family.
- I and/or other household members have used the touchscreen chromebook for other purposes.
- None of the above

**Commented [HN(5):** We are also interested in any ancillary benefits of the chromebook

7. How satisfied are you with the Touchscreen Chromebook?

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

**Commented [HN(6):** This will be used to report performance measure IFA 3.2

**Deleted:** Level of Satisfaction

**Deleted:** :¶

**Deleted:** Unsatisfied 1 2 3 4 5 Very satisfied

8. How satisfied is your child with the Touchscreen Chromebook?

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

**Commented [HN(8):** This will be used to report performance measure IFA 3.1

9. In your opinion, to what extent has the touchscreen chromebook improved your child's ability to access to virtual instruction?

- No improvement
- A little improvement
- Some improvement
- A lot of improvement

**Deleted:** This device has allowed my child to have greater access to virtual instruction:

**Deleted:** ¶

**Deleted:** Yes

**Deleted:** No

**Deleted:** Unsure

10. In your opinion, to what extent has the touchscreen chromebook enhanced your child's learning experience?

- No enhancement
- A little enhancement
- Some enhancement
- A lot of enhancement
- I don't know

**Deleted:** This device has enhanced my child's learning experience in the virtual classroom:

**Deleted:** <#>¶  
Yes

**Deleted:** No

**Deleted:** Unsure

11. In your opinion, to what extent has your child's school-related behavior improved as a result of the touchscreen chromebook?

- No improvement
- A little improvement
- Some improvement
- A lot of improvement
- I don't know

**Deleted:** I have noticed

**Deleted:** a difference in my child's work habits and/or grades ...since receiving the touchscreen chromebook: since receiving the touchscreen chromebook:

**Deleted:** since receiving the touchscreen chromebook:

**Deleted:** ¶

**Deleted:** Yes

**Deleted:** No

**Deleted:** Unsure

12. To what extent have your child's grades improved as a result of the touchscreen chromebook?

- No improvement
- A little improvement
- Some improvement
- A lot of improvement
- I don't know

13. Please share any other feedback you have on the touchscreen chromebook:

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**Deleted:** 0

**Deleted:** information you would like to share regarding



# SAFARI Pre- and Post-Test Questions

We are developing/have developed a game called SAFARI. The game is intended to help direct support professionals like yourself to learn more about the individuals you support in your job. Please take a few minutes to answer the following questions to help us evaluate the impact of the SAFARI game and meet federal funding requirements.

Your answers will be **anonymous**, so please feel free to respond honestly. Thank you for your feedback!

## Background

1. Only in the post-test Of the individuals whom you support in your job, about what percentage have played the SAFARI game at least once with you?

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-100%

2. Only in the post-test, for individuals who indicated they played the game in question #1 For the individuals with whom you have played the SAFARI game, about how often did you play the game with each of them?

- One time
- More than one time, but less than once a month
- Once a month
- More than once a month, but less than once per week
- Once per week
- Two or more times per week

3. Only in the post-test, for individuals who indicated they played the game in question #1 How satisfied are you with the SAFARI game overall?

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

**Commented [HN(1):** Depending on whether it's the pre- or post-test.

**Commented [HN(2):** Section headers help break up the survey into more manageable components for the respondents. May not be necessary for the pre-test, which has fewer questions, but you'll want to use them for the post-test.

**Moved down [3]:** <#>To what degree do you feel you understand the unique preferences of each individual you support in your job?¶

- ¶ Not at all¶
- ¶ A little bit¶
- ¶ Neither a lot nor a little¶
- ¶ Mostly¶
- ¶ Completely¶

**Commented [HN(5):** This was originally part of parcel of the next question, but it's best to separate them into two questions so respondents can more easily answer (less cognitive processing).

**Commented [HN(6):** If you are unable to use skip logic, then add a "Not applicable because I did not play SAFARI with any individuals I support" response option to all relevant post-test questions.

**Commented [HN(7):** Moved from below to indicate the order it should have when in the post-test

**Commented [HN(8):** Need to specify that we are only asking about frequency for the individuals they played with. Otherwise, they might try to average across the people they did not play with as well, which I've addressed in a separate question above.

**Moved (insertion) [2]**

**Deleted: H**

**Deleted: SAFARI**

**Deleted: one or more individuals you support**

**Deleted: ¶**

**Deleted: ¶**

We did not play

**Deleted: One time**

**Deleted: 2-3 times**

**Commented [HN(9):** Seemed like a potentially big gap between the "2-3 times" and "Once per week" response options, depending on how much time lapsed between the pre- and post-survey. I'm therefore adding more response options to further differentiate that gap.

**Deleted: ¶**

**Commented [HN(10):** This is a specific data point in the progress report (see item #2 in the table at the end). You could potentially remove this question if you're going to a ...

4. How long have you worked at your present job?

- Less than 6 months
- ~~At least 6 months, but less than 1 year~~
- ~~At least one year, but less than 2 years~~
- ~~At least 2 years, but less than 5 years~~
- ~~5 years or longer~~

Knowing the Individuals You Support

5. To what extent do you feel you understand the unique preferences of each individual you support in your job?

- ~~Not at all~~
- ~~A little bit~~
- ~~Somewhat~~
- ~~Mostly~~
- ~~Completely~~

6. [Only in the post-test, for individuals who indicated they played the game in question #1] To what extent do you feel playing SAFARI has helped you better understand the individuals you support on a personal level?

- ~~Not at all~~
- ~~A little bit~~
- ~~Somewhat~~
- ~~A lot~~

7. [Only in the post-test, for individuals who indicated they played the game in question #1] To what extent do you feel playing SAFARI with the individuals you support has better equipped you to do your job?

- ~~Not at all~~
- ~~A little bit~~
- ~~Somewhat~~
- ~~A lot~~

**Deleted:** -11 months

**Commented [HN(11):** The original response option left a gap – people who had worked between 11 months and 12 months wouldn't know whether to select this response option or the following response option

**Commented [HN(12):** Few people will have worked exactly one year, and anyone who technically worked more than one year would choose the following response option in the original setup.

**Deleted:** 0

**Deleted:** Between 1 and 2 years

**Commented [HN(13):** I know it's probably rare, but it would be helpful to distinguish those who have been there between 2 and 5 years. Otherwise the 2+ category may have a lot of people and be less useful for survey analysis.

**Deleted:** More than 2 years

**Deleted:** ¶

**Formatted:** List Paragraph

**Moved (insertion) [3]**

**Deleted:** degree

**Commented [HN(14):** The research literature on survey design indicates that arranging response options vertically rather than horizontally makes it easier for the respondent to cognitively process the options

**Deleted:** Neither a lot nor a little

**Commented [HN(16):** Feel free to change to "unique preferences" like you had in another question if you don't think this phrase is clear.

**Moved (insertion) [4]**

**Commented [HN(17):** Moved from below to indicate the order it should have when in the post-test for individuals who indicate in question 1 that they've played the game

**Deleted:** ¶

Neutral

**Job Satisfaction**

8. How would you best describe your present level of satisfaction with your job?

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

**Commented [HN(19):** The original response options said "happy," which I've changed to "satisfied" to match the wording of the question. When the wording matches, it's easier for respondents to quickly process what's being asked.

**Deleted:** Very unhappy

**Deleted:** Somewhat unhappy

**Deleted:** Neither unhappy nor happy

**Deleted:** Fairly happy

**Deleted:** Very happy

**Deleted:** ¶

9. For your personal job satisfaction, how important is it that you get to know the individuals you are supporting on a personal basis?

- Not important
- A little important
- Somewhat important
- Very important
- Extremely important

**Commented [HN(20):** The research literature recommends using one-sided response scales (not happy → happy) rather than two-sided response scales (extremely unhappy → extremely happy). One reason is that it can be difficult for respondents to differentiate a "somewhat unhappy" response option from a "somewhat happy" response option in a two-sided scale.

10. For your personal job satisfaction, how important is regular engagement in recreational activities with the individuals you support?

- Not important
- A little important
- Somewhat important
- Very important
- Extremely important

**Moved down [1]:** <#>How long do you expect to stay working with your current employer?¶

- ¶
- Less than 6 months¶
- 6-11 months¶
- One year¶
- More than one year¶
- More than two years¶

**Deleted:** do you think it is

**Deleted:** to

**Deleted:** really

11. Only in the post-test, for individuals who indicated they played the game in question #1 To what extent do you feel that playing SAFARI with the individuals you support has improved your overall job satisfaction?

- Not at all
- A little bit
- Somewhat
- A lot

**Commented [HN(22):** I think this is what you were trying to get at with the "really" earlier in the sentence? Feel free to edit, but trying to make the question clearer so that it is consistently interpreted across respondents. Feel free to ...

**Deleted:** at all

**Deleted:** bit

**Deleted:** Neither important nor unimportant

**Deleted:** Fairly

**Deleted:** Very

**Commented [HN(23):** The use of "Somewhat," "Very," ...

**Deleted:** at all

**Deleted:** bit

**Deleted:** Neither important nor unimportant

**Deleted:** Fairly

**Deleted:** Very

**Commented [HN(24):** I understand we'll be able to ...

**Length of Service**

12. How long do you expect to stay working with your current employer?

- Less than 6 months
- At least 6 months, but less than 1 year
- At least one year, but less than 2 years
- At least 2 years, but less than 5 years
- 5 years or more

13. [Only in the post-test, for individuals who indicated they played the game in question #1] To what extent do you feel that playing SAFARI with the individuals you support has made you want to stay at your job longer?

- Not at all
- A little bit
- Somewhat
- A lot

**Wrap-Up**

14. [Only in the post-test] Please provide any additional feedback you have about the SAFARI game and/or your job satisfaction e.g., factors affecting the frequency with which you were able to play the game, what you liked and disliked about the game, how the game impacted you, etc.

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**THANK YOU FOR YOUR FEEDBACK!**

Moved (insertion) [1]

Deleted: -

Deleted: 11 months

Commented [HN(25): The original response option left a gap – people who had worked between 11 months and 12 months wouldn't know whether to select this response option or the following response option

Deleted: 0

Commented [HN(26): Few people will have worked exactly one year, and anyone who technically worked more than one year would choose the following response option in the original setup.

Deleted: More than one year

Deleted: r

Deleted: More than two years

Deleted: ¶

Commented [HN(28): I understand we'll be able to compare the time they report expecting to stay from the pre- to the post-test, but that won't allow us to know which factors influenced the expected stay. Maybe their answer changed because they got a pay raise, or had to work more hours, or got a new client they dislike. We therefore need to also directly ask them whether they think the game affected their intent to stay.

Deleted: ¶

Commented [HN(29): I think it's important to have an open-ended question so people could provide additional information e.g., why they didn't play the game, describe how the game impacted them, say what they liked or didn't like about the game.

Moved up [2]: How often did you play the SAFARI game with one or more individuals you support?¶

- We did not play¶
- One time¶
- 2-3 times¶
- Once per week¶
- Two or more times per week¶

Deleted: ¶  
To

Moved up [4]: what extent do you feel playing SAFARI with the individuals you support has better equipped you to do your job?¶

- Not at all¶
- A little bit¶

Deleted: Post-test Questions¶

Deleted: ¶

# Train-the-Trainer Session: Two Post-Participation Polls

## *Post-Event Poll #1: Updated Self-Assessment of Training Skills*

- 1. How well do you understand your responsibilities as a trainer?**
  - Not well
  - A little well
  - Somewhat well
  - Very well
  - Extremely well
  
- 2. How prepared do you feel to ask for what you need as a trainer?**
  - Not prepared
  - A little prepared
  - Somewhat prepared
  - Very prepared
  - Extremely prepared
  
- 3. How prepared do you feel to communicate effectively?**
  - Not prepared
  - A little prepared
  - Somewhat prepared
  - Very prepared
  - Extremely prepared
  
- 4. How prepared do you feel to use people-first language?**
  - Not prepared
  - A little prepared
  - Somewhat prepared
  - Very prepared
  - Extremely prepared

**5. How prepared do you feel to use visual aids when you train people?**

- Not prepared
- A little prepared
- Somewhat prepared
- Very prepared
- Extremely prepared

**6. How prepared do you feel to engage a group of people?**

- Not prepared
- A little prepared
- Somewhat prepared
- Very prepared
- Extremely prepared

**7. How prepared do you feel to answer questions when you train people?**

- Not prepared
- A little prepared
- Somewhat prepared
- Very prepared
- Extremely prepared

**8. How prepared do you feel to use Zoom features when you train people?**

- Not prepared
- A little prepared
- Somewhat prepared
- Very prepared
- Extremely prepared

**9. Overall, how prepared do you feel to be a trainer?**

- Not prepared
- A little prepared
- Somewhat prepared
- Very prepared
- Extremely prepared

## **Post-Event Poll #2: Event Feedback**

**1. How helpful was the information you heard today?**

- Not helpful
- A little helpful
- Somewhat helpful
- Very helpful
- Extremely helpful

**2. Did you have enough opportunities to practice what you learned today?**

- No
- Yes
- I do not know

**3. Did the activities today make you feel more engaged?**

- No
- Yes, a little more engaged
- Yes, somewhat more engaged
- Yes, a lot more engaged

**4. Did you feel more empowered to be a trainer because self-advocates helped lead today's training?**

- No
- Yes, a little more empowered
- Yes, somewhat more empowered
- Yes, a lot more empowered

**5. How effective was the virtual format for today's training?**

- Not effective
- A little effective
- Somewhat effective
- Very effective
- Extremely effective

**6. How satisfied were you with today's training session overall? If you have any comments, please email them to [nia.harrison@vbpd.virginia.gov](mailto:nia.harrison@vbpd.virginia.gov)**

- Not satisfied
- A little satisfied
- Somewhat satisfied
- Very satisfied
- Extremely satisfied

**7. Which of the following describes you? Please check all that apply. Your answer is anonymous.**

- Individual with a developmental disability e.g., intellectual disability, autism, cerebral palsy
- Individual with a disability other than a developmental disability e.g, learning disability
- I do not wish to answer

**8. Please select the category below that best describes your race and ethnicity. Your answer is anonymous.**

- White
- Black or African American
- American Indian and Alaska Native
- Hispanic/Latinx
- Asian, alone
- Native Hawaiian & Other Pacific Islander
- Two or more races
- Race unknown
- I do not wish to answer

**9. Please select your gender. Your answer is anonymous.**

- Female
- Male
- Other
- I do not wish to answer

**10. Please select the category below that best describes the area in which you live. Your answer is anonymous.**

- Urban
- Rural
- I do not know
- I do not wish to answer



Logo for VBPD & VCU

Advocate Survey

On [insert date], you participated in a face to face training with Virginia Commonwealth University and Stand Up, Inc. entitled “**Promoting Integrated Employment.**” This training was provided through grant funds from the Virginia Board for People with Disabilities. As part of the grant, we would like to know how the knowledge shared may or may not have changed your employment situation.

Please take a few minutes to tell us how you have used the information that you learned from the training. Your feedback will be used to improve future training events and provide required information to our funding agent. Your feedback is **anonymous**, so please feel free to answer honestly.

**Commented [HN(1):** We recommend making this a web-based survey given the skip logic in our suggested changes

**Deleted:** Six months ago

**Commented [HN(2):** Given how much time has passed, it might be helpful to give them a specific date.

**Deleted:** .

**Deleted:** to you

**PART I: YOUR EMPLOYMENT INTERESTS**

**1) In [insert the month prior to the training, as well as the year], were you seeking competitive, integrated employment?**

Competitive means you are paid a salary that is similar to other people doing the same work. Integrated means you are working with people who do not have disabilities.

- No, I was not seeking any employment
- No, I was seeking employment that was not competitive or integrated
- Yes

**2) After the [insert month and year] training, did you seek competitive, integrated employment?**

Competitive means you are paid a salary that is similar to other people doing the same work. Integrated means you are working with people who do not have disabilities.

- No, I did not seek any employment
- No, I sought employment that was not competitive or integrated
- Yes

**3) (if Question 2 = "Yes") Did the [insert month and year] training influence your decision to seek competitive, integrated employment?**

- No
- Yes

**4) (If Question 2 = "Yes") Please describe what you have done to seek competitive integrated employment.**

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**Commented [HN(5):** You could also say, "Before the [insert month and year] training,..." but that covers a long period of time and we really want to know about the months leading up to the training.

**Deleted: 1) As a result of participating in the training, have you chosen to pursue competitive integrated employment?¶  
No, and I don't think I will in the near future¶  
No, but I think I might in the near future¶  
Yes**

**Deleted: ¶  
I'm not sure**

**Deleted: ¶**

**Commented [HN(6):** In case respondents don't remember what CIE means

**Commented [HN(7):** In case respondents don't remember what CIE means

**Deleted: 2**

**Deleted: previous questions**

**Deleted: the steps you have taken**

**Deleted: pursue**

**PART II: YOUR USE OF SERVICE PROVIDERS**

**5) Before the [insert month and year] training, had you contacted a local disability service provider to help you find competitive, integrated employment?**

Disability service providers can include the Department for Aging and Rehabilitative Services (DARS) or providers of job coaches.

- No
- Yes

**6) (If Question 5 = "No") After the [insert month and year] training, did you contact a local disability service provider to help you find competitive, integrated employment?**

Disability service providers can include the Department for Aging and Rehabilitative Services (DARS) or providers of job coaches.

- No, and I don't think I will in the near future
- No, but I might in the near future
- Yes

**7) (if Question 6 = "Yes") Did the [insert month and year] training influence your decision to contact the disability service provider?**

- No
- Yes

**8) (If Question 6 = "Yes") Please share the name of the local disability service provider that you contacted, and describe how they have or have not helped you.**

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- Commented [HN(8)]: Splitting this question into the 3 components, per my earlier comment
- Deleted: 3
- Deleted: As a result of participating in the training
- Deleted: have
- Commented [HN(10)]: Simplifying the language
- Deleted: (DARS or a job coaching provider)
- Deleted: assist you with finding

- Deleted: think I

- Commented [HN(11)]: No longer applicable given that we are recommending this question only be asked of folks who said they had not contacted one prior to the training
- Deleted: I am already connected to a disability service provider...

- Deleted: 4
- Deleted: previous questions
- Deleted: which
- Deleted: have

**PART III: YOUR EMPLOYMENT STATUS**

**9) After the [insert month and year] training, were you hired for a job?**

No

Yes

**10) (If Question 9 = "Yes") Was the job competitive and integrated?**

Competitive means you are paid a salary that is similar to other people doing the same work. Integrated means you are working with people who do not have disabilities.

No

Yes

I'm not sure

**11) (If Question 9 = "Yes") Please share where you were hired, after the training, and describe your role there.**

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**12) (If Question 9 = "Yes") Have you received the supports you need to perform the job?**

No

Yes

Not applicable because I do not need any supports

Not applicable because I have not started the job yet

**14) (If Question 9 = "Yes") How satisfied are you with the job?**

Not satisfied

A little satisfied

Somewhat satisfied

Formatted: Font: Bold

Commented [HN(12): "were you hired" might be easier for folks with cognitive disabilities than "have you become employed"

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Deleted: As a result of participating in the training

Deleted: have

Deleted: become employed

Deleted: , and I don't think I will in the near future

Commented [HN(13): I'm not sure it's reasonable to expect someone to be able to anticipate whether they'll be hired. There would be concerns about the accuracy of using this information anyway.

Deleted: No, but I think I might in the near future

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Commented [HN(14): This is important to ask since the goal is CIE

Commented [HN(15): Hopefully participants have retained any jobs they got, but we probably shouldn't assume that.

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Commented [HN(16): I think this is important to consider asking

Commented [HN(17): I think this is important to consider asking

Very satisfied

**PART IV: CONCLUSION**

**15) How helpful do you think the [insert month and year] training has been for meeting your employment goals?**

Not helpful

A little helpful

Somewhat helpful

Very helpful

**16) Please share any additional feedback you have about your current employment status and the [insert month and year] training.**

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**Commented [HN(18):** This might be another good question to consider asking, but I realize the survey is getting fairly lengthy so feel free to omit

# Wisconsin

Here are some evals from Wisconsin.

- The first is our Partners in Policymaking survey that is filled out by participants during the last session.
- The second is another evaluation tool for Partners that staff are going to test out this year. It's called Spider Web2. It's designed to be a pre, post and one year out. Participants will be asked the same questions at those 3 points in time and the web graphs show how they have grown.
- Next is a survey our Employment First grantees use at their events. The multiple-choice questions often change to be more tailored to the event.
- The next two surveys are for our annual Self-Determination Conference. The first is a feedback survey after the event and the second is a 3-month follow-up survey. We're trying to use 3 month follow up surveys after conferences to track concrete outcomes that occur after the event.
- Last is an eval for Living Well meetings/events.



# WISCONSIN PARTNERS IN POLICYMAKING

A project of the Wisconsin Board for People  
with Developmental Disabilities

2021 Partners in Policy Making Final Evaluation

Partners in Policy Making Final Evaluation

1. What are 1 or 2 things that have stood out to you from your Partners experience or an "Aha" moment?

2. As a result of Partners do you think you will be a stronger advocate/be more actively involved in issues that affect people with disabilities?

- No
- Not sure
- I think so
- Definitely yes

3. As a result of Partners do you think you will be more engaged/connected with your legislators?

- No
- Not sure
- I think so
- Definitely yes

4. Please share a story of how your partners experience has been of benefit to you and/or your community.



5. Has Partners influenced you to be on an advocacy board, committee, run for office, change your job/career, etc. If so, please tell us which boards/committee/positions you are now part of or thinking about participating in.

6. Please check the category that best describes you:

- Individual with a disability
- Parent
- Family Member (i.e. sibling)
- Other (please specify)

7. Gender:

- Male
- Female
- Non-binary
- Prefer not to say

Prefer to self-describe

8. Please indicate your race/ethnicity:

- White
- Black or African American
- American Indian and Alaska Native
- Hispanic/Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Two or more races
- Race unknown

9. Which of the following best describes the area you live in:

- Rural
- Urban

10. Please provide your name and contact information below.

**Name:**

**City/Town:**

**Email Address:**

**Phone Number:**

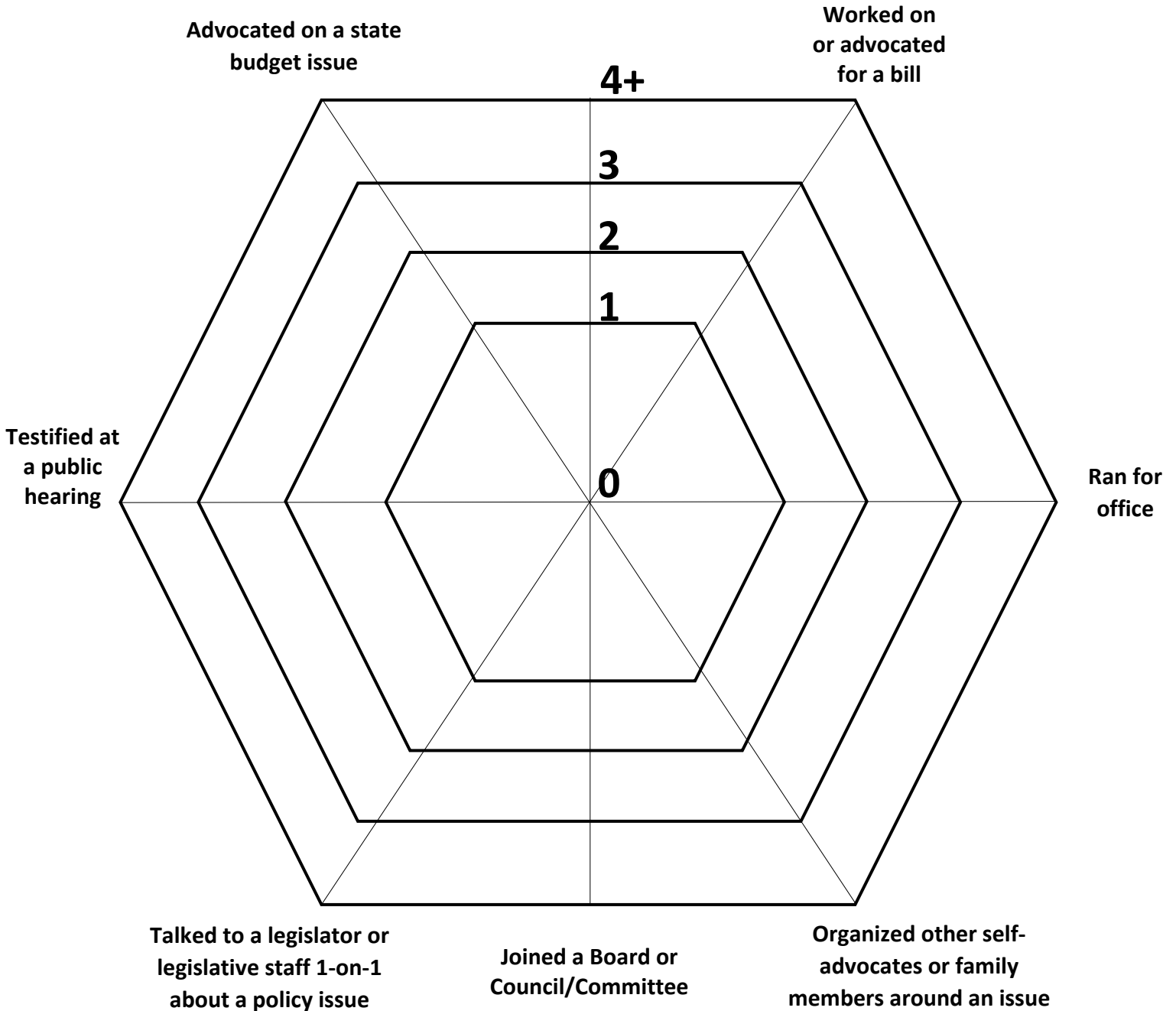
# Partners in Policymaking Impact

Partner's Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Red Line** = First Session Skill Level    **Blue Line** = Last Session Skill Level

**Purple Line** = One Year Post-Partners

In the past year, how many times have you done the following.



(Insert Project/grantee logo here or delete)

## Participant Survey

1. What new information did you learn at this event?
  
  
  
  
  
  
  
  
  
  
2. As a result of participating today...
  - a. I know who to go to for help if I want to hire a person with a disability or if I want to learn more about employment for people with disabilities.  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - b. I think that all people who have a disability should have the opportunity to work in the community for minimum wage or higher.  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - c. I was able to identify things I could do to improve employment for people with disabilities in my community.  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
3. Please share any suggestions for improvements or other thoughts about today's event.



The following advocacy questions and demographic information are collected to develop and strengthen programming for people with intellectual and developmental disabilities and their families across the State of Wisconsin. It also helps determine how the Wisconsin Board for People with Developmental Disabilities can better support underserved communities in Wisconsin.

**4. Were you satisfied with the event?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Do you feel that you are better able to say what you want or what is most important to you because of your participation in this event?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**6. Has or will your participation in this event increase your involvement in advocacy activities?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please tell us a little more about yourself below.**

**7. Are you a:**

Person with a disability		Employer	
Family member/caregiver		Legislator	
Disability service provider		State agency staff	
School staff		Other (please specify)	

**8. Which of the following best describes your race/ethnicity? (Check one)**

White		Hawaiian/Pacific Islander	
Black or African American		Two or more Races	
American Indian/Alaska Native		Race Unknown	
Hispanic/Latino		Other	
Asian		Prefer not to Answer	

**9. Do you identify as:**

Male		Female	
Non-binary		Prefer to self-describe	
Prefer not to say			

**10. Which of the following best describes the area you live in? \_\_\_\_\_ Rural \_\_\_\_\_ Urban/Suburban**

Thank you!

Tell us what has happened in your life since the Self-Determination Conference last year.

**Hello! You participated in the 2020 Self-Determination Conference. We want to hear how you have used the information from the conference. Please take a minute to tell us what has happened in your life since the conference.**

**Thank you for your time!**

1. Please let us know how strongly you disagree (1) or agree (4) with the following statements:

Since the conference, I have...

	1- Strongly Disagree	2-Disagree	3- Agree	4- Strongly Agree
Gotten more connected and involved with my community (or helped others to do so)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made more choices about what is important to me in my life (or helped others to do so)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used strategies to help me get the life I want (or helped others to do so)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Has the conference impacted your life in any way? Tell us how.

3. I have increased my self-advocacy

- Yes
- No

4. I am better able to say what I want and need

- Yes
- No

5. I am now participating in advocacy activities

- Yes
- No

6. I am now on an advisory board, committee, and/or serving in a leadership position (such as People First, a parent/teacher organization, a community board, etc.)

- Yes
- No

7. Please tell us who you are:

- A person with a disability
- A family member of a person with a disability
- A professional working with people with disabilities
- Other (please specify)

8. Please tell us who you are:

\*\* This question is optional and is only used to help ensure that we are reaching diverse populations.

- White
- Black or African American
- Hispanic/Latino
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Two or more races
- Race unknown
- Prefer not to answer
- Other (please specify)

9. Do you identify as:

- Male
- Female
- Non-binary
- Prefer to self-describe
- Prefer not to say

10. Which of the following best describes the area you live in?

- Rural
- Urban/suburban



## 2020 Self-Determination Conference Survey

**Self-Determination Conference:  
Turning Vision into Reality  
October 26-28, 2020**

1. Please tell us whether you are:

- A person with a disability
- A family member of a person with a disability
- A professional who works with people with disabilities
- Other (please specify)

2. Please let us know how strongly you disagree or agree with the following statements:  
As a result of participating in this conference:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I will get more connected and involved with my community (or help others to do so)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will make more choices about what is important to me in my life (or will help someone else)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have more tools to help myself get the life that I/they want (or help others do so)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



3. How would you rate the presentation you went to on Tuesday from 11:00-12:00? (Sessions 1-6)

	Not good	Good	Excellent	N/A - I didn't attend this session
Session 1 - Self-Health: One Key to Success	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 2 - Independent Living: Creating an Individualized Moving On Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 3 - Supported Decision-Making Conversations with Families and Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 4 - Safe and Free: Abuse Awareness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 5 - What Do I Bring With Me on the Transition Path?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 6 - Finding Your Voice: Let's Make a Podcast Together!	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How would you rate the presentation you went to on Tuesday from 1:15-2:15? (Sessions 7-12)

	Not very good	Good	Excellent	N/A - I didn't attend this session
Session 7 - Moms with a Vision on a Mission: Creating Employment Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 8 - Living in Your Own Community-Integrated Affordable Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 9 - What Do You Really Want to Know about Relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 10 - Voting in the Time of Pandemic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 11 - IRIS Program 2021 Updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 12 - I Envision a Future With You in My Live: A Love Story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How would you rate the presentation you went to on Tuesday from 3:00-3:30? (Sessions 13-18)

	Not very good	Good	Excellent	N/A - I didn't attend this session
Session 13 - Autism, Seeing the World from a Different Perspective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 14 - Is Your 'Vision' Blurry? See My Reality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 15 - Follow Your Passions and Connect to Your Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 16 - My Employment Story: More Than Just a Job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 17 - Realizing Your Own Employment Path	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 18 - Carol Ann Matthes: A Force to be Reckoned With	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. How would you rate the presentation you went to on Wednesday from 10:45-11:45? (Sessions 19-24)

	Not very good	Good	Excellent	N/A - I didn't attend this session
Session 19 - Building Long Lasting Community Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 20 - Living Well, Stay Healthy, Safe and Connected Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 21 - Understanding ABLE Accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 22 - Creating a Plan for a Self-Directed Life: Seeing Through the Fog with IRIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 23 - Creating Your Own Plan for Employment - Self-Directed Employment Modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 24 - Understanding and Getting Involved in Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How would you rate the presentation you went to on Wednesday from 1:00-2:00? (Sessions 25-30)

	Not very good	Good	Excellent	N/A - I didn't attend this session
Session 25 - Getting the Health Care You Need and Deserve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 26 - Pathways to Leading a Self-Determined Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 27 - How COVID Realities Impact our Vision of Self-Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 28 - 20/20 Vision for Electronic Visit Verification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 29 - A Self-Direction Plan in Family Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 30 - Virtual Learning: Let's Stay Connected and Healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What is the most important message you will “take away” from the conference? What action will you take next?

9. Do you have suggestions for how we can improve the Self-Determination Conference for next year?

10. Please tell us whether you are:

\*\* The following questions are optional and are only used to help us understand if we are reaching diverse populations

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Two or more races
- Race unknown
- Prefer not to answer
- Other (please specify)

11. Do you identify as:

- Female
- Male
- Non-binary
- Prefer to self-describe
- Prefer not to say

12. Which of the following best describes the area that you live in?

Rural

Urban/Rural

	Month	Day	Year
<b>Please select training/event date:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Are you a:**

Person with a disability

Family member/caregiver of a person with a disability

Business/Organization

Elected official/ Policymaker

Professional/Provider

Public agency (Federal/State/County/Tribal/University/School)

Media

Other (please specify):

**Did you leave the session with new ideas?**

Definitely yes

Probably yes

Probably not

Definitely not

**What, if anything, do you plan to do differently after attending this session?**

**What other information or tools do you need?**