SECTION 1: Council Identification	**Yes**	**No**	
Part A - State Plan Report period confirmed on cover page	☐	☐	
Part B - Contact Person full name provided	☐	☐	
Part B - Phone number provided (with area code)	☐	☐	
Part B - Official organization email provided	☐	☐	
Part C(i) - Date of Establishment provided	☐	☐	
Part C(ii) - Authorization type selected	☐	☐	
Part C(iii) Authorization Citation provided	☐	☐	
Council Membership. [Section 125(b)(1)-(6)].	**Yes**	**No**	
Information about the membership rotation plan is provided	☐	☐	
Is the Council member roster complete?	☐	☐	
Are there members serving on an expired term?	☐	☐	
Are there member vacancies listed?	☐	☐	
Council Staff. [Section 125(c)(8)(B)].			
Is the Council roster complete?	☐	☐	
Are there staff vacancies listed?	☐	☐	
SECTION II: DESIGNATED STATE AGENCY	**Yes**	**No**	
Part A - DSA identified (the Council or another Agency)	☐	☐	
Part A - if another agency, all five contact fields completed	☐	☐	
Part B - Direct Services question answered. If yes, service categories are described	☐	☐	
Part C - MOU/Agreement with DSA answered	☐	☐	
Part D - DSA roles and responsibilities related to the Council is described (only applies if Council has a DSA)	☐	☐	
Part E - Calendar year DSA was originally designated is provided	☐	☐	
Information for Parts A, B, C, D, and E are complete	☐	☐	
Assurances information is complete	☐	☐	
SECTION III. COMPREHENSIVE REVIEW AND ANALYSIS	**Yes**	**No**	
Part A(i) — Council confirmed review of: poverty data, state demographics, residential settings, and public input (all four required)	☐	☐	
Part A (ii) - Prevalence rate (national 1.58% or alternate source with explanation) provided	☐	☐	
Part A - Was there information provided about state information not being available?	☐	☐	
PORTRAIT OF THE STATE SERVICES [SECTION 124(C)(3)(A)(B)]	**Yes**	**No**	
Part B(i) — Health/Healthcare review confirmed (medical assistance, mental health, insurance, wellness, LTSS)	☐	☐	

Part B(ii) — Employment review confirmed (job training, VR, competitive integrated employment, Employment First, sub-minimum wage)	☐	☐	
Part B(iii) — Informal/Formal services review confirmed (social services, family support, peer support, HCBS, LTSS)	☐	☐	
Part B(iv) — Interagency Initiatives review confirmed (AT Act, Head Start, IDEA Part C, CILs, SRC, ADRC, etc.)	☐	☐	
Part B(v) — Optional portrait areas checked as applicable (Childcare, Education/EI, Housing, Quality Assurance, Recreation, Transportation)	☐	☐	
Part C(i) — Eligibility criteria review confirmed (specialized, generic, waiver, early intervention, special ed, employment, LTSS)	☐	☐	
Part C(ii) — Analysis of Barriers review confirmed (unserved/underserved populations, rationale, barriers to full participation)	☐	☐	
Part C(iii) — Assistive Technology review confirmed (AT availability, AT services, rehab technology, generic/universal tech)	☐	☐	
Part C(iv) — Waiting Lists review confirmed (9 required data elements); if not conducted, narrative explanation provided	☐	☐	
Part C(v) — Resource Analysis confirmed (current/future funding adequacy, facility services, HCBS waivers under 1915(c))	☐	☐	
Part C(vi) — CRA Summary Analysis narrative completed (community benefit, access, participation, obstacles including waitlists)	☐	☐	
CRA PARTS A-C: SUMMARY ANALYSIS	**Yes**	**No**	
Does the summary describe how well people with developmental disabilities benefit from services and support in their communities. This may include getting the services they need, using those services easily, taking part in community activities and events, being active and valued members of their community.	☐	☐	
Does the summary describe what life is like for people, both those who receive services and those who do not? (Daily experiences and quality of life, not just the service system).	☐	☐	
Does the summary include information about barriers that make it harder for people and their families to fully participate in community life, such as long waitlists or lack of services?	☐	☐	
Comments: Provide comments on line 57. Comment on strengths, opportunities for improvement or other comments.			
PART D. Rationale for Goal Selection [Section 124(c)(3)(E)]			
	Strong	**Adequate**	**Weak**
Overall, the rationale for the Council's selection of specific goals is (select one that best fits)	☐	☐	☐

	Yes	**No**	
There is a rationale for the Council's selection of strategies to address the goal.	☐	☐	
Information about how the Council prioritized issues to be addressed in the plan is included	☐	☐	
Comments: Provide information on line 68 that speaks to the rating you provided. If you are making comments about a specific goal or goals, identify the goal number with your comment.			
DD Network Collaboration [Section 124(C)(3)(D)	**Yes**	**No**	
There is adequate information about how the Council plans to work with the DD Network partners (the UCEDD(s) and P&A).	☐	☐	
There is adequate information about how the Council plans to work with either the UCEDD or the P&A individually.	☐	☐	
There is an adequate explanation about how the Council will coordinate activities, share and use resources to advance shared priorities and carry out the Council's purpose.	☐	☐	
There is an adequate description of how the Council will collaborate with other entities in the State to assist with the goals and outcomes of the 5-year plan.	☐	☐	
Potential organizations are listed	☐	☐	
A summary of the planned activities is included	☐	☐	
Comments: Provide information on line 78. Comment on strengths, opportunities for improvement; if you checked "no" on an item, identify and provide information.			
PART E. 5-YEAR GOALS and OBJECTIVES [Section 124(4); Section 125(c)(5)]	**Yes**	**No**	
Do the goals identify a specific population (e.g., person with DD, family member, etc.)	☐	☐	
Do the goals describe a clear result?	☐	☐	
Do the goals include a measure so that progress can be tracked (e.g., increase, decrease, number, percentage, etc.)?	☐	☐	
Do the goals include a timeframe?	☐	☐	
Comments: Provide information on line 87. Comment on strengths, opportunities for improvement; if you checked "no" on an item, identify the goal and provide information.			

Objectives	Yes	No	
Do the objectives identify a specific population (e.g., person with DD, family member, etc.)	☐	☐	
Do the objectives connect to the goal?	☐	☐	
Do the objectives describe a clear action or result?	☐	☐	
Do the objectives include a measure so that progress can be tracked (e.g., increase, decrease, number, percentage, etc.)?	☐	☐	
Do the objectives include a timeframe?	☐	☐	
There is a specific goal or objective for the required self-advocacy activities	☐	☐	
The three (3) required activities are included in the goal or objective	☐	☐	
Comments: Provide information on line 98. Comment on strengths, opportunities for improvements, and other observations; if commenting on a specific objective(s), identify the goal/objective and related information.			
SECTION 4: EVALUATION PLAN [Section 125(C)(3) And (7)]	**Yes**	**No**	
There is a description of how the Council (staff and members) will monitor progress on the goals and objectives	☐	☐	
There is a description of how the Council (staff and members) will review its strategies and activities, so they understand how well they are working	☐	☐	
There is a description of how the Council (staff and members) will review progress on the self-advocacy required activities	☐	☐	
There is a description of how the Council (staff, member, grantees) will gather accessible and understandable feedback and use that information to understand satisfaction with Council-funded projects and activities	☐	☐	
Comments: Provide information on line 106. Comment on strengths, opportunities for improvements, and other items. If you answered any item "no", please provide comment.			
SECTION 5: PROJECTED COUNCIL BUDGET	**Yes**	**No**	
Each goal reflects a budgeted amount	☐	☐	
General Management line completed (personnel, budget, finance, reporting costs)	☐	☐	
An amount is listed for functions of the DSA	☐	☐	
Total row calculated and verified against grant budget	☐	☐	
Comment: Provide information on line 114.			
SECTION 6: PUBLIC INPUT AND REVIEW [Section 124(d)(1)]	**Yes**	**No**	

There is a description about how the Council made the plan available for public review and comment	☐	☐	
There is information about how the Council made the plan available in accessible formats	☐	☐	
There is information about how the Council considered revisions based on significant public comments	☐	☐	
Comments: Provide information on line 121. Comment on strengths, opportunities for improvement or other observations.			

Content, proposed work and intended results	Yes	No
Areas of Emphasis align with the goal	☐	☐
Demonstration Projects are planned	☐	☐
Focus of the goal is identified (IFA, SC, SA, etc.) and appropriate	☐	☐
Planned collaborators are appropriate for the goal	☐	☐
Are the planned activities clearly connected to the objective?	☐	☐
Do the key activities include Council member development, Council member travel, or Council member supports?	☐	☐
Do the key activities include Council processes such as RFP releases, internal Council committee work?	☐	☐
Are expected outputs identified for each objective?	☐	☐
Are expected outcomes identified for each objective?	☐	☐
Do the expected outputs and outcomes reflect progress toward the objective?	☐	☐
Data evaluation and measurement information is provided for each objective.	☐	☐
Are projected performance measures identified for each objective?	☐	☐
Are the projected targets realistic?	☐	☐
Are the identified performance measures likely to show whether progress is happening?	☐	☐
Is there enough information to show how the activities will lead to results?	☐	☐
Do all goals have associated activities?	☐	☐
Comments: Provide information on line 23; comment on strengths, opportunities, or other observations.		

Assessment				
The plan as a whole	**Yes**	**No**	**Somewhat**	
Does the plan address the important needs identified in the CRA?	☐	☐	☐	
Comments: Provide information on strengths, opportunies for improvement and other observations on line 5				
	Yes	**No**	**Somewhat**	
Do the goals and objectives clearly describe what the Council wants to achieve?	☐	☐	☐	
Comments: Provide information on strengths, opportunies for improvement and other observations on line 9				
	Yes	**No**	**Somewhat**	
Do the goals, objectives, and activities fit together in a clear way?	☐	☐	☐	
Comments: Provide information on strengths, opportunies for improvement and other observations on line 13				
	Yes	**No**	**Somewhat**	
If the plan is carried out as written, is it likely to improve the lives of people with developmental disabilities?	☐	☐	☐	
Comments: Provide information on strengths, opportunies for improvement and other observations on line 16				
DD Act Values	**Yes**	**No**	**Somewhat**	
Does the plan help people with developmental disabilities to have more choice and control?	☐	☐	☐	
Does the plan help people with developmental disabilities be included in their communities?	☐	☐	☐	
Does the plan help people with developmental disabilities take on leadership and decision-making roles?	☐	☐	☐	
Does the plan help people with developmental disabiities get the supports they need?	☐	☐	☐	
In the box below, summarize the overall strengths of the plan				
In the box below, summarize the areas for improvement for the plan				
In the box below, summarize any recommendations for follow-up				

Overall Assessment				
Meets Expectations				
Meets with Minor Concerns				
Needs Revision				
Add your signature or indicate electronic signature below:				