





Project name: _____
Grantee: _____
Date: _____

Outcomes Survey

Agencies receiving funding from the Council are required to obtain feedback from participants about the impact of Council-funded initiatives. Results will be used to improve future activities. Responses are confidential.

Check the boxes that best describe you:	
<p><input type="checkbox"/> I am a person with a disability.</p> <p><input type="checkbox"/> I am a family member of a person with a disability.</p> <p><input type="checkbox"/> I am a professional or other.</p>	<p><input type="checkbox"/> I am white or Caucasian</p> <p><input type="checkbox"/> I am black or African American.</p> <p><input type="checkbox"/> I am Hispanic or Latino.</p> <p><input type="checkbox"/> I am Asian.</p> <p><input type="checkbox"/> I am Native Hawaiian or other Pacific Islander.</p> <p><input type="checkbox"/> I am American Indian or Alaskan Native.</p> <p><input type="checkbox"/> I am two or more races.</p> <p><input type="checkbox"/> I don't know my race/Prefer not to answer</p>
<p>What sex were you assigned at birth, on your original birth certificate?</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Decline</p>	<p>What County do you live in?</p>

Answer the following question by checking YES (thumbs up) or NO (thumbs down). As a result of this project/activity/event/training:

		YES 	NO 
IFA 2.1/2.2	I have increased my advocacy skills and abilities.	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.3	I am better able to say what I want/say what is important to me.	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.4	I am now participating in advocacy activities.	<input type="checkbox"/>	<input type="checkbox"/>
IFA 2.5	I am serving on a cross-disability coalition, policy board, advisory board, or other leadership position that makes decisions for others.	<input type="checkbox"/>	<input type="checkbox"/>
IFA 3.1/3.2	I am satisfied with this project/event/activity/training.	<input type="checkbox"/>	<input type="checkbox"/>
	This project/activity/event/training has had a positive impact on the lives of people with developmental disabilities or family members.	<input type="checkbox"/>	<input type="checkbox"/>

What did you like best about this project/activity/event/training?

Describe how you plan to use what you have learned:

Thank you for your participation. If you are willing to share a brief quote about your experience, what you learned, or how this project will help you advocate for issues that are important to you (which may be shared publicly by the Council), please write it here:

Name/Contact info:

Quote: