



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>I am a person with a disability.</p> <p>I am a family member of a person with a disability.</p> <p>I am a professional or other.</p>	<p>I am white or Caucasian</p> <p>I am black or African American.</p> <p>I am Hispanic or Latino.</p> <p>I am Asian.</p> <p>I am Native Hawaiian or other Pacific Islander.</p> <p>I am American Indian or Alaskan Native.</p> <p>I am two or more races.</p> <p>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>Female</p> <p>Male</p> <p>Don't know</p> <p>Prefer not to answer</p>	<p>What is your current gender? [Select ONE]</p> <p>Female</p> <p>Male</p> <p>Transgender</p> <p>Two-Spirit</p> <p>I use a different term: _____</p> <p>Don't know</p> <p>Prefer not to answer</p>
<p>Which of the following best represents how you think of yourself? [Select ONE]</p> <p>Lesbian or gay</p> <p>Straight (not gay or lesbian)</p> <p>Bisexual</p> <p>Two-Spirit</p> <p>I use a different term: _____</p> <p>Don't know or Prefer not to answer</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.		
IFA 2.3	I am better able to say what I want/say what is important to me.		
IFA 2.4	I am now participating in advocacy activities.		
IFA 2.5	I am serving on a cross-disability coalition, policy board, advisory board, or other leadership position that makes decisions for others.		
IFA 3.1/3.2	I am satisfied with this project/event/activity/training.		
	This project/activity/event/training has had a positive impact on the lives of people with developmental disabilities or family members.		

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: