



Project name: _____
 Grantee: _____
 Date: _____

Satisfaction Survey

The South Carolina Developmental Disabilities Council provides financial support to this project. Please provide satisfaction feedback to help shape future programming.

Name of Event: _____

Date of Event: _____

1. I would recommend this event to a friend, family member, or colleague?				
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
2. I would participate in another event provided by this organization?				
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
3. How satisfied are you with the subject(s) covered at this event?				
Not at all	A little	Somewhat	Very	Totally
4. How satisfied are you with the way subject matter was presented?				
Not at all	A little	Somewhat	Very	Totally
5. What was your favorite part of this event?				
6. How would you change this event?				
7. What other comments do you have?				

