

Satisfaction Survey (2-Sided) Afternoon Workshops

This activity/event was funded (or partially funded) by the Developmental Disabilities Council (DDC). For reporting purposes, DDC asks you to provide your rating and comments. Please answer and return survey when completed to the Host.

Activity/Event Name: Disability Rights Awareness Days – Pre-legislative-session Forum

Date: January 11, 2025

Host Name: The Disability Coalition

Workshop attended (check only one):

<input type="checkbox"/> Financial scams and how to avoid them	<input type="checkbox"/> Family Medical Leave Act
<input type="checkbox"/> Effective special ed complaints	<input type="checkbox"/> Employment discrimination
<input type="checkbox"/> Telling your story in the legislative process	<input type="checkbox"/> Communicate your family's needs

Please CHECK which describes you (check all that apply):

<input type="checkbox"/> Individual with a developmental disability	<input type="checkbox"/> Individual with another type of disability	
<input type="checkbox"/> Family member	<input type="checkbox"/> Service provider	<input type="checkbox"/> Advocate
<input type="checkbox"/> Other (describe) _____		

What city do you live in: _____

What is your zip code:

Please circle the picture that best describes your answers:

1. I know more about how to take part in decisions that affect my life and other people and systems that provide services to people.



Strongly Agree



Agree



Disagree



Strongly Disagree

2. I have improved my ability to advocate and safely participate in community life.



Strongly Agree



Agree



Disagree



Strongly Disagree

3. I improved my self-determination and personal rights and my life is better.



Strongly Agree



Agree



Disagree



Strongly Disagree

(Please complete the other side of the page)

4. I was treated respectfully and am satisfied with this activity/event.



Strongly Agree



Agree



Disagree



Strongly Disagree

5. How can the activity/event be improved next time?

6. What did you like about this training or activity/event?

7. Are you actively participating in advocacy activities? Circle one: Yes No

7a. If Yes, check all advocacy activities in which you participate:

cross disability coalitions policy boards advisory boards
 governing boards serving in a leadership position

8. What is your current gender? (Select one)

Man Woman Other Prefer not to answer

9. What race/ethnicity do you identify as? (Select one)

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

Thank you for your feedback!

Revised 8/11/25