NGCDD Consumer Satisfaction Survey

Grantee:

Goal/Objective:

|  |
| --- |
| **Check the boxes below that describe you. (Check all that apply)** |
|  | I am a self-advocate |  | I am White |
|  | I am a family member of a self-advocate |  | I am Native Hawaiian or other Pacific Islander |
|  | I am a professional or other |  | I am Asian |
|  | I live in a rural area of Nevada |  | I am Native American/American Indian |
|  | I am a male |  | I am Hispanic/Latino |
|  | I am female |  | I am two or more races |
|  | I am Black or African American |  | I don’t know my race/I choose not to tell you what my race is.  |
| MB900441321**Answer the following questions by checking Yes (thumbs up) or No (thumbs down).****As a result of this project/activity…….….. Yes No**  |
| IFA 2.1/2.2 | I have increased my advocacy skills and abilities |  |  |
| IFA 2.2.1 | I am better able to say what I want to say / say what is important to me |  |  |
| IFA 2.2.2 | I am now participating in advocacy activities  |  |  |
| IFA 2.2.3 | 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 activity |  |  |

Any additional comments?