



2017-2021 State Plan Public Input Easy Read

This Easy Read survey is for self-advocates and family members ONLY. If you are not a self-advocate or family member please complete the full survey 2017-2021 State Plan Public Input.

*** 1. Select the category that best describes you:**

- Self-Advocate (individual with a disability)
- Family member

*** 2. Name of city where you live:**

*** 3. Your ethnicity (Please check the one that best describes you):**

- White alone
- Black or African American alone
- Hispanic alone
- American Indian and Alaska Native alone
- Asian alone
- Native Hawaiian & Other Pacific Islander alone
- Some other race alone
- Two or more races

*** 4. Please check the areas of the Florida Developmental Disabilities Council's work that have helped you the most.**

- Child Development and Education
- Community Living
- Employment and Transportation
-

Health Care and Prevention

- Self-Advocacy Leadership

*** 5. What is the Florida Developmental Disabilities Council doing now that you think is most helpful? (Please check all that apply.)**

- Including children in their schools and in local daycare
- Helping self-advocates to get more paid and unpaid supports
- Helping self-advocates to get homes where they want to live
- Helping self-advocates understand their rights
- Helping self-advocates to get jobs and to get reliable rides that they can afford
- Helping babies until they are three get the services they need
- Helping medical providers improve their services
- Helping self-advocates learn what they want and how to ask for it
- Helping self-advocates to be leaders in their lives and communities so they can speak up and attend meetings
- Other:

*** 6. Thinking about the Florida Developmental Disabilities Council:**

What do you need to have a better life?

*** 7. What do you need to become a strong leader?**

*** 8. What would help you participate in leadership coalitions?**

*** 9. What can the Council do to help you get better services and supports in your community?**

*** 10. Think about the State of Florida**

What is stopping you from doing the things you want to do?

*** 11. Is it easy for you to get help? (Circle one)**

Yes

No

*** 12. Can you tell us about yourself and your family getting help to do what you wanted to do?**

*** 13. Can you tell us about yourself and your family not getting help to do what you wanted to do?**

14. Other comments:

Done

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