**Satisfaction Survey**

NMDDPC would like to know what you think about the project/activity/meeting that you recently participated in. We would appreciate it if you would take a few minutes and answer the following questions. Please return the survey to the person who gave it to you to complete.

What is the project/activity/meeting you participated in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the category that best describes you:

Individual with a disability Family member Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle YES or NO for the next five (5) questions.

|  |  |
| --- | --- |
| YES | NO |

1. I (or my family member) was treated with respect during this project/activity/meeting .
2. I (or my family member) have more choice and control in my life as a

result of this project/activity/meeting

|  |  |
| --- | --- |
| YES | NO |

1. I (or my family member) can do more things in my community as a

result of this project/activity/meeting

|  |  |
| --- | --- |
| YES | NO |

1. I (or my family member) am more informed of my rights because of this project/activity/meeting

|  |  |  |
| --- | --- | --- |
| YES | NO | N/A |

|  |  |  |
| --- | --- | --- |
| YES | NO | N/A |

1. I (or my family member) am more able to be safe and protect myself from harm as a result of this project/activity/meeting

Please circle a number for the next five (5) questions

1. I (or my family member am satisfied with this project/activity/meeting

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |

1. My life (or my family member’s life) is better because of this project/activity/meeting

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |

1. The Council’s activities have improved my ability to make choices and exert control over services and support I receive.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |

1. The Council’s activities have improved my ability to participate in community life functions

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |

1. The Council’s activities have promoted self-determination and community participation

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |
| Strongly Agree | Agree | Disagree | Strongly Disagree |

What have you liked about this project/activity/meeting? What could be improved next time?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_