

Oregon Partners in Policymaking Survey

Background

Before we begin the PIP program, we would like to learn more about your background, experiences and expectations. Please respond to the following questions to the best of your ability. Your responses to these questions will be kept confidential. Your responses will be used to inform the development of this, and future, PIP program experiences. We will also use the responses to understand more about how the PIP experience impacts participants' lives.

1. What is your gender? (check one response)

- Male
- Female

2. What is your age? (check one response)

- Younger than 21
- 21 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 or older

3. What is your race? (check all that apply)

- White
- Black or African-American
- Native American or Alaska Native
- Asian
- Pacific Islander

Other (please specify)

4. Is English the primary language spoken in your household? (check one response)

- Yes
- No

5. What is the highest level of schooling you have completed? (check one response)

- Some High School (no diploma)
- High School Graduate (GED or Diploma)
- Some College (no degree)
- 2-year College Graduate (AA or AS Degree)
- 4-year College Graduate (BA or BS degree)
- Professional or Advanced degree (Masters degree, MD, JD, PhD)

6. How would you describe your current employment status? (check all that apply)

- Employed full time
- Employed part time
- Unemployed, looking for work
- Unemployed, not looking for work
- Student
- Volunteer
- Caregiver/homemaker
- Retired

Other (please specify)

7. In which Oregon County do you live? (select one response from dropdown menu)

County	<input type="text"/>
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8. Are you connected with your County Developmental Disabilities Office? (check one response)

- Yes
- No
- Not Sure

9. How did you hear about PIP? (check all that apply)

- Former PIP participant
- Brokerage or service provider
- School staff or administration
- Disability advocacy organization
- OCDD staff
- OCDD website

Other (please specify)

* 10. How would you describe your participation in the PIP program. (check one)

- I am a person with a disability (self-advocate)
- I am a parent or caregiver of a person with a disability.

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Experiences and Expectations -- Self-Advocates

11. What is the nature of your disability? (check all that apply)

- Intellectual Disability
- Pervasive Developmental Delay
- Sensory Integration
- Autism Spectrum Disorder
- Hearing Disability
- Visual Disability
- Other Physical Disability
- Mental Health Disability

Other (please specify)

12. How much do you agree with the following statements about your access to services: (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I know where to find information about services and supports related to my disability when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services and supports related to my disability are available where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford services and supports related to my disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the quality of the services and supports that I receive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am connected to other people in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am connected to other people with disabilities in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a supportive environment for people with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How much do you agree with the following statements about your future: (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I will have friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will earn a high school diploma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will receive post-secondary training or education after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will volunteer in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will work at a paying job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will live independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will have romantic relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be safe and healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will be connected to family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How much do you know about the following topics: (check one response for each row)

	A Lot	Some	A Little	None
Disability legislation (e.g., ADA, IDEA, Rehabilitation Act)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legislative process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service/support system and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People First language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person-centered planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of attitudes toward people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported and competitive employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusive education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asset-based community development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transition to adulthood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How much experience do you have with the following activities: (check one response for each row)

	A Lot of Experience	Some Experience	A Little Experience	No Experience
Making presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizing a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting a meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressing opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathering information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacting legislators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy/self-advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. How much do you agree with the following statements? (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I am an active and involved community member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a strong and effective advocate for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a strong and effective advocate for people with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. In the past year, how many organization were you a part of? For example, non-profit organizations, political organizations, civic institutions, parent-teacher associations, religious institutions, etc: (check one response)

	Several (4 or more organizations)	A Few (1 to 3 organizations)	None (0 organizations)
Member, participant or volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In the past year, how often did you advocate for yourself or other persons with disabilities? (check one response for each row)

	Frequently (4 or more times)	Occasionally (1 to 3 times)	Never (0 times)
Attended an organized advocacy event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted a public official via e-mail, letter or phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted a one-on-one in-person meeting with a public official or community leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a public meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided testimony at a public meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Served on a public committee, task force or work group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented to a community organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitted a letter to a newspaper or contacted a member of the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

19. How important is it that PIP help you: (check one response for each row)

	Very Important	Somewhat Important	Not Important
Connect with other individuals who experience a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Connect with other individuals and organizations with similar interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn how to talk with people about my disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify and connect with resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pursue change for individuals with disabilities within my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for changes in disability policy at the state- or federal-level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a vision of my future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop confidence in my ability to advocate on behalf of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about disability rights and legislation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about the special education system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn about tools and approaches for supporting my child with a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

20. How important is it that through PIP you can help the following groups: (check one response for each row)

	Very Important	Somewhat Important	Not Important	Not Applicable
Myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child with a disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends and peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My service provider or educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

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Experiences and Expectations -- Parent/Caregiver

21. How old is your child with a disability? (check one response)

- Younger than 6
- 6 to 17
- 18 to 20
- 21 or older

22. What is the nature of your child's disability? (check all that apply)

- Intellectual Disability
- Pervasive Developmental Delay
- Sensory Integration
- Autism Spectrum Disorder
- Hearing Disability
- Visual Disability
- Other Physical Disability
- Mental Health Disability

Other (please specify)

23. To what extent do you agree with the following statements about your access to services and supports for your child with a disability: (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I know where to find information about services and supports related to my child's disability when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services and supports related to my child's disability are available where I live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford services and supports related to my child's disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the quality of the services and supports that my child with a disability receives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is connected to other families in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is connected to other families of children with disabilities in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community is a supportive environment for raising a child with a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. To what extent do you agree with the following statements about the future of your child with a disability: (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
My child will have friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will earn a high school diploma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will receive post-secondary training or education after high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will volunteer in his/her community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will work at a paying job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will live independently.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will have romantic relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will be safe and healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child will be connected to family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please rate your knowledge of the following areas: (check one response for each row)

	A Lot of Knowledge	Some Knowledge	A Little Knowledge	No Knowledge
Disability legislation (e.g., ADA, IDEA, Rehabilitation Act)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legislative process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service/support system and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community inclusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People First language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistive technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Person-centered planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of attitudes toward people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported and competitive employment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supported living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inclusive education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asset-based community development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transition to adulthood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Please rate your experience in the following areas: (check one response for each row)

	A Lot of Experience	Some Experience	A Little Experience	No Experience
Making presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizing a group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting a meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expressing opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem-solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gathering information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacting legislators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocacy/self-advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. To what degree would you agree with the following statements? (check one response for each row)

	Agree	Somewhat Agree	Somewhat Disagree	Disagree
I am an active and involved community member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a strong and effective advocate for my child with a disability/myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a strong and effective advocate for people with disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. During the last 12 months, how many community organizations did you engage with as a member, participant or volunteer? For example, non-profit organizations, political organizations, civic institutions, parent-teacher associations, religious institutions, etc: (check one response)

	Several (4 or more organizations)	A Few (1 to 3 organizations)	None (0 organizations)
Member, participant or volunteer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. During the last 12 months, how often have you advocated on behalf of your child with a disability, and/or other persons with disabilities, in each of the following categories? (check one response for each row)

	Frequently (4 or more times)	Occasionally (1 to 3 times)	Never (0 times)
Attended an organized advocacy event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted a public official via e-mail, letter or phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducted a one-on-one in-person meeting with a public official or community leader	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attended a public meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided testimony at a public meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Served on a public committee, task force or work group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presented to a community organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Submitted a letter to a newspaper or contacted a member of the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

30. How important is it to you that your involvement in PIP lead to the following outcomes? (check one response for each row)

	Very Important	Somewhat Important	Not Important
I will connect with other families with children who experience a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will connect with other individuals and organizations with similar interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will learn how to talk with people about my child's disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will identify and connect with resources for my child and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will pursue change for individuals with disabilities within my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will advocate for changes in disability policy at the state- or federal- level.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will develop a vision of my child's future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will develop confidence in my ability to advocate on behalf of my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will learn about disability rights and legislation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will learn about the special education system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will learn about tools and approaches for supporting my child with a disability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

31. How important is it to you that your involvement in PIP make a difference for the following people or groups? (check one response for each row)

	Very Important	Somewhat Important	Not Important	Not Applicable
Me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My spouse or partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My extended family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's friends and peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's service provider or educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other individuals with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)