

Introduction

Dear Friends:

Like many of you, the Oregon Council on Developmental Disabilities offers a leadership training program for self-advocates and family members. Our program was modeled after the Minnesota Council's Partners in Policymaking program. We are currently planning to update our program and want to learn from other Councils about what you do and how you do it.

Please take 10-15 minutes to answer the following questions about your program. If you would like to receive the survey results, please indicate this on the very last question.

Thank you in advance!

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* 1. Which Council do you represent?

* 2. Your Name?

* 3. Your role on the Council

- ☐ Council Member
- ☐ Council Director
- ☐ Council Staff
- ☐ Other (please specify)

* 4. Please provide your contact information so we can follow up if we have any questions.

Phone:

Email:

Curriculum

5. What is the name of your advocacy training program?

6. What curriculum do you use?

- ☐ Minnesota Curriculum (Partners in Policymaking)
- ☐ Your own curriculum
- ☐ A Hybrid of the Minnesota curriculum and your own

Other (please specify)

7. Do you use any of the following materials from the MN Partners in Policymaking website (<http://mn.gov/mnddc/pipm>)?

	Yes	No	N/A
Curriculum highlights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinator's handbook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guide for blended learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Free online Partners in Policymaking courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telling Your Story app for Apple, Android, or Kindle devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other resources available on the MN Partners in Policymaking website (please specify)

8. How many sessions are involved in your program?

☐ 1 - 3

☐ 4 - 6

☐ 7 - 9

☐ 10+

Other (please specify)

9. Please list the topic or theme of each session below.

10. Over the past five years, what speakers have you most frequently used?

Logistics

11. How often is your program offered?

- ☐ Every year
- ☐ Every other year

Other (please specify)

12. Where are your sessions located?

- ☐ Each session is held in the same location
- ☐ Each session is held in a different location around the state
- ☐ Our program is implemented regionally (sessions are held in a location in one or more regions around the state)

Other (please specify)

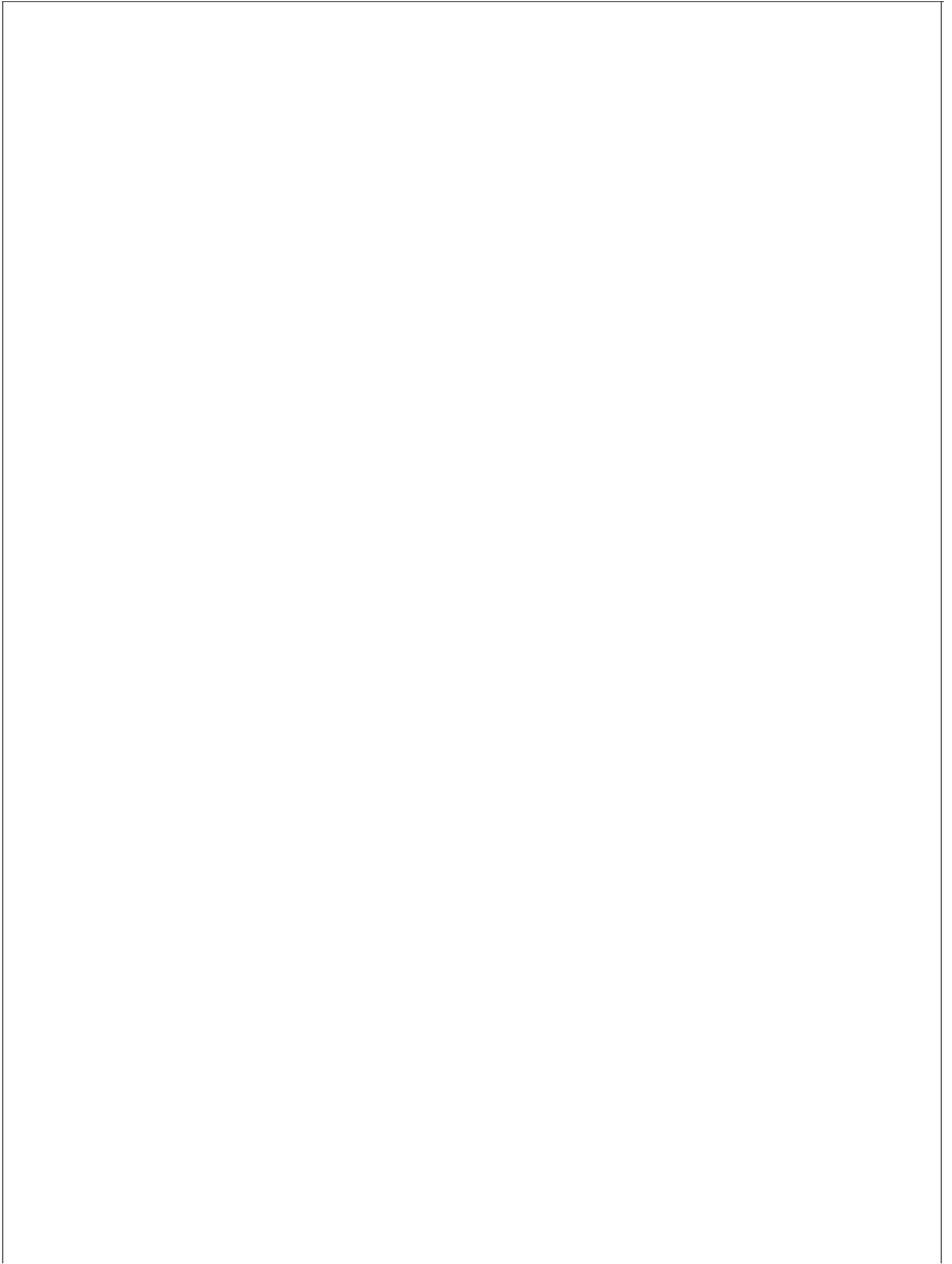
13. If Council staff or Council members implement your program, what are their responsibilities?

14. If you contract with another entity to implement your program, what are their responsibilities?

15. What is your total allocated budget for this program?

Amount (numbers only)

16. What is your greatest program expense?



Participants

17. Who participates in your program? (Check all that apply)

- ☐ Adults with Developmental Disabilities
- ☐ Parents of children with Developmental Disabilities
- ☐ Parents of adults with Developmental Disabilities
- ☐ People with other disabilities or mental health challenges
- ☐ Parents of people with other disabilities or mental health challenges
- ☐ Parents with disabilities of children with disabilities

Other (please specify)

18. How do you recruit participants? (Check all that apply)

- ☐ Distribute program materials via past graduates
- ☐ Distribute program materials via partner organizations
- ☐ Distribute program materials via Council members
- ☐ Distribute program materials via website or social media

Other (please specify)

19. Does participation reflect the following diversity categories in your state?

	Yes	Somewhat	No	N/A
Cultural diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Language diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socioeconomic diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geographic diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. How do you make your program available to those who speak a language other than English? (Check all that apply)

- ☐ Interpreters
- ☐ Translated materials
- ☐ N/A

Other (please specify)

21. Do you separate self-advocates and family members at any time during your program?

- ☐ Yes
- ☐ No

Questions about separating participants

22. For what topics or themes do self-advocates and family members participate separately and what is the rationale for separation?

23. How do you communicate this separation to participants?

24. In general, how do participants respond to being separated?

Outcomes

25. What works well about your program?

26. What are the most significant challenges you face with your program?

27. What outcomes or benefits do you see as a result of your program?

28. If relevant, what changes to you plan to make to your program?

29. Would you like us to share the results of this survey with you?

☐ Yes

☐ No

Thank You

Thank you for taking the time to participate in this survey!