Arkansas Governor's DD COUNCIL

How Are We Doing?

To better meet the needs of the people we serve, we want to know what you think about the services, publications and products we offer.

Direct Services

Question 1 – How satisfied are you with the publications and/or printed products you receive from the DD Council?

DDC Newsletter (DD News)
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Parent Packet
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Vital Records Guide
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Alphabet Soup Brochure
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Watch You Words (People First Language)
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Question 2 – Have any of the above printed products helped you improve your or a family member's life in such areas as employment, educaton, health, community involvement or advocating for yourself and/or a family member?
❍ Yes ❍ No

Please specify which product(s) and explain how their use benefitted you. (Use extra sheet if necessary.)

Question 3 – Have you visited the DD Council's web site (www.ddcouncil.org)?
❍ Yes ❍ No
If you have, how satisfied are you with the web site?
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Question 4 – Has visiting the site benefitted you and/or a family member?
❍ Yes ❍ No
Please explain. (Use extra sheet if necessary.)

Question 5 – Have you had reason to contact the DD Council's Parent Services Coordinator?
❍ Yes ❍ No

If yes, how satisfied are you with the service(s) you received?
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Question 6 – Did the service(s) help you improve your or a family member's life in such areas as employment, education, health, community involvement or advocating for yourself and/or a family member?
❍ Yes ❍ No

Please explain. (Use extra sheet if necessary.)

DD Council Funded Services/Programs

These are DDC-funded grants and projects designed to improve employment, transitional assistance, supported living, education, health and other person-centered services for peoples with disabilities and their families.

Question 1 – How satisfied are you with the type of services/activities funded by the DD Council?

TRAINING

Family Leadership Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Annual State Conference
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

SELF-DETERMINATION/ADVOCACY

People First of Arkansas
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

HEALTH

Partners for Inclusive Communities Dental Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

EMPLOYMENT

UCP Toner Cartridge Program
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

HIRE Inc.
(Transitional employment program)
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Bost Inc. Insect Hat Employment Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Jackson County Learning Center's Paper Drop Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

EDUCATION

Department of Education Dean's Symposium
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Higher Education Curriculm Infusion Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

QUALITY ASSURANCE

Partner's for Inclusive Communities Direct Support Professional Training Projet
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Partner's for Inclusive Communities Professional Staff Training Project
❍ Very satisfied ❍ Somewhat satisfied
❍ Not satisfied ❍ Not familiar

Question 7 – Are there other types of services and/or products the DD Council might provide which will assist you? (Use extra sheet if necessary.)

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Please take a moment and share with us your comments and concerns about the services available to Arkansans with disabilities and their familiy members, including suggestions you might have to improve the level of such services. (Use extra sheet if necessary)

Please tell us a little about yourself (name, etc., is optional). Are you...

❍ A person with a disability? ❍ A parent and/or guardian? ❍ A family member? ❍ A representative of a public or private agency? ❍ A member of a community organization or asociation? ❍ A policymaker?

Optional Information: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ e-mail address: _____

Please return this questionnaire to the following address by Nov. 15:

Arkansas Governor's Developmental Disabilities Council
5800 West 10th Street, Suite 805
Little Rock, AR 72204

or, if you prefer, fax it to (501) 661-2399, email it to wstewart@healthyarkansas.com,
or go to www.ddcouncil.org to fill out the form