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| **Pre and Post Outcome Survey** |

Pre and Post Event Outcome Survey

Top of Form

Thank you for agreeing to answer a few questions about your relationship with disABILITY LINK. Your answers will help us to ensure that our services reach our community as effectively as possible.

**1. Please enter your name: w**



**2. Sex: w**

Male

Female

Other (please specify)



**3. Age: w**



**4. What is your ethnicity? (Please select all that apply.) w**

American Indian or Alaskan Native

Asian or Pacific Islander

Black or African American

Hispanic or Latino

White/Caucasian

Prefer not to answer

Other (please specify)



**5. Title of Topic Addressed w**



**6. Today's topic will address w**

Accessibility services

Assistive Technology

Community Integration

Waiver Program

Education/training

Fitness Center

Home Modifications

Independent Living Skills Support

Information and Referral

Nursing Home Transition

Nutrition Benefits and Screening

Peer Counseling/Peer Support

Transportation

COVID-19

Other (please specify)



Pre-Assement: disABILITY LINK’s goal is to help you to increase or maintain your independence and skills. We do this by helping you identify choices and community supports and by advocating on your behalf. Please
rank the following statements based on your satisfaction with disABILITY LINK services. This survey is
voluntary and confidential. Please express yourself freely.

 Please circle the response that best represents your experience and include an explanation or an example. This is your disABILITY LINK. Your comments are very important. This is especially true if you indicate Strongly Agree or Strongly Disagree. If you have mixed feelings about a topic, please make a choice; then describe
the mixed experience. Questions about “staff” do not apply to personal assistants who are employed through the Consumer Employer / Fiscal Agent model.

Thank you for sharing your experience. w

**7. I have extensive knowledge in the topic discussed today w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**8. This class will address specific needs that I have w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**9. Post Assessment: Please answer the following questions after you complete the event or class w**

Post Assessment

**10. disABILITY LINK staff demonstrated understanding of the topics addressed. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**11. I have a clearer understanding of the topic discussed w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**12. I am satisfied with the professional and positive attitude disABILITY LINK staff show toward the                 participants. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

Other (please specify)



**13. disABILITY LINK office staff and speakers (if applicable) were well-informed about the topic and community resources. They provided me with appropriate information and referrals about disability-related issues and services.w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**14. The information and referrals I received met my needs. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**15. The class or event helped me or will help me to gain/maintain my independence. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**16. I have new skills, new knowledge, or new resources since I attended this class or event w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**17. I have become more independent or I have more choices since I began working with disABILITY LINK. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**18. I am more comfortable expressing my needs or expecting equal treatment in my community since I began working with disABILITY LINK. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**19. I would recommend this class or event to someone I care about. w**

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

**20. Please provide any additional feedback w**



**21. The staff member or members leading the class were w**

