

INITIAL SURVEY

This survey is an effort to collect some demographic information about participants in Partners in Policymaking®, and to measure your leadership activities **before** your participation in the program. Please answer the questions to the best of your ability, providing estimates when necessary.

1. Gender:
 Female
 Male
2. Race or Ethnicity:
 African American
 Native American
 Hispanic American
 Asian
 Caucasian
 Other
3. Age:
 under 20
 20 - 29
 30 - 39
 40 - 49
 50+
4. Place of residence:
 Urban
 Suburban
 Rural
5. Income
 less than \$12,000
 \$12,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 +
6. Level of Education:
 less than high school
 high school graduate
 two years of college
 four years of college
 partial graduate work
 Master's degree
 post Master's degree
 Doctoral degree
7. Type of disability for yourself (if participating as self-advocate) or family member (if participating as parent)

8. Prior to your participation in the program, did you ever contact local, state or federal public officials regarding how you or a family member with a disability have taken personal responsibility to secure needed services or improve the quality of needed services? Check all that apply. If yes, please estimate the number of contacts during the last 6 months.
 Yes, Federal
estimated number of contacts: _____
 Yes, State
estimated number of contacts: _____
 Yes, Local
estimated number of contacts: _____
 No
9. If you checked Yes in #8 above, please indicate the TYPE of contacts (e.g., letter, phone, office visit) with public officials, and estimate the number of each type of contact during the last 6 months. (Check all that apply).
 Letters
estimated number of letters: _____
 Phone calls
estimated number of phone calls: _____
 Office visits
estimated number of office visits: _____

10. What other opportunities have you had during the last 6 months to advocate for yourself or other persons with disabilities, or to educate the public regarding the abilities of people with disabilities and how individual needs can best be met through individual and local community decision making? Check all that apply. Also, please evaluate your current competency for each activity

	Estimate number	Current Competency			
		Excellent	Good	Fair	Poor
Testified at public hearing					
Presented to parent or other community group					
Presented at a conference					
Served on a committee					
Appeared on TV or radio					
Articles/editorials published					

Other activities/comments: _____

11. Please evaluate your own current leadership skills.

Excellent Good Fair Poor

12. Please evaluate your current ability to secure appropriate services for yourself or a family member with a disability.

Excellent Good Fair Poor

13. Do you expect to be better able to receive appropriate services as a result of the skills and information you will learn from the Partners program.

Definitely Yes Probably Yes Probably No Definitely No

14. As a result of your participation in the Partners program, what are your general expectations?

Thank you for your assistance!

Bring this completed form with you to the first Partnership weekend.