NEW YORK STATE Council on Developmental Disabilities

We'd love your feedback!

This data is for our funders, the Council on Developmental Disabilities (CDD). They use the data to check and improve programs. The CDD uses demographic data to be sure their projects reach the diversity of New York State.

This survey is anonymous. The information reported is not connected to you in any way. The survey is completely voluntary. You may leave blank any question you are not comfortable answering.

Thank you for your participation.

Please share your thoughts on participating in this **Sexuality and Healthy Relationship Training**.

1.) Were you satisfied with today's training?

Yes ☐ No ☐

2.) Do you feel that you are better able to discuss your sexuality and/or what you want in a relationship, because of your participation in this training?

Yes ☐ No ☐

3.) Will you advocate for yourself more now that you know your rights around sexuality and relationships?

Yes ☐ No ☐

4.) If you could change part of this training, what would you change? And Why?

5.) Are you currently participating in any advocacy efforts?

Yes ☐ No ☐

6.) Are you currently serving in a leadership position? (For example, an advisory board)

Yes ☐ No ☐

7.) What Section of today's training was most important for you? Why?

☐ Relationship red and green flags
☐ Finding your own identity
☐ Discussing your sexuality with family, friends, and supporters

Please tell us a little more about yourself below.

8.) Are you a: (Check one)

☐ Person with a developmental disability
☐ Family member/caregiver of a person with a developmental disability
☐ Support staff of a person with a developmental disability
☐ Other (please specify): _____

9.) Which of the following best describes your Race/Ethnicity? (Check one)

☐ American Indian or Alaska Native
☐ Asian or South Asian
☐ Black or African American
☐ Hispanic, Latino or Spanish Origin
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Some other race, ethnicity, please specify: _____
☐ I prefer not to answer.

10.) Gender:

☐ Female

☐ Male

☐ X

☐ Prefer to self-describe: _____

☐ Prefer not to say

11.) Where do you live?

☐ A big city (for example: Albany, Buffalo, New York City, Rochester)

☐ A medium sized city or a suburb (for example: Binghamton, Cortland, Schenectady, Utica)

☐ A smaller, rural area (for example: North Country)

Logo for Fake Organization

Mentoring Peers with IDD – Training for Self-Advocates

1.) How do you feel about today's training?

☐ ☐

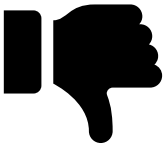
Satisfied

Unsatisfied

2.) Has this training helped you better say what is important?

☐ ☐

Yes

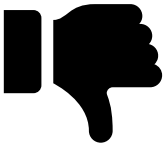


No

3.) Will you use what you learned today to do more advocacy?

☐ ☐

Yes



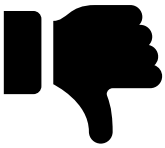
No

4.) What could make this training better?

5.) Are you doing any ongoing advocacy?

☐ ☐

Yes



No

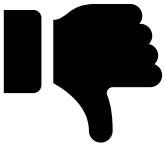
If yes, what advocacy are you doing?

6.) Are you in any leadership positions now?

For example, do you serve on an advisory board?

☐ ☐

Yes



No

7.) For each statement, please check the box showing if you agree or not.

	Agree	Neutral	Disagree
This training was helpful to me.			
I will be better able to mentor my peers because of this training.			
I understand the Peer Advocate Framework.			
I can make plans to meet with my peers and I could travel to the meeting.			
I will now be able to explain to my peers what is important to me			
I could help my peer express what is important to them.			
I know about opportunities to advocate for myself and my peers			
I regularly advocate for myself.			
I will advocate more because of this training.			

This information is anonymous. Answers will not be connected to you or your name. The Council on Developmental Disabilities (CDD) uses this data to make sure they are reaching the diversity of New York.

1.) I am a:

☐ Person with a developmental disability

☐ Family member/caregiver of a person with a developmental disability

☐ Support staff of a person with a developmental disability

☐ Other (please specify):

2.) I identify as:

☐ American Indian or Alaska Native

☐ Asian or South Asian

☐ Black or African American

☐ Hispanic, Latino or Spanish Origin

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Some other race, ethnicity:

☐ I prefer not to answer.

3.) My Gender:

- ☐ Female
- ☐ Male
- ☐ X
- ☐ Prefer to self-describe:
- ☐ Prefer not to say

4.) I live in a:

- ☐ big city
- ☐ medium sized city or a suburb
- ☐ small rural area

Thank you so much for your participation! You are helping make New York state a better place for people with developmental disabilities!

NEW YORK STATE™

Council on Developmental Disabilities