

## 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  
 Caucasian  
 Other
3. Age:  
 under 20  
 20 - 29  
 30 - 39  
 40 - 49  
 50+
4. Place of residence:  
 Urban  
 Suburban  
 Non Metro Area  
City/Town  
 Rural
4. Income (family income if Class member is parent)  
 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. Please tell us about opportunities you have had **in the past 6 months** to:

Advocate for yourself or people with disabilities,

Educate the public about the abilities of people with disabilities,

Talk about how individual needs can best be met through individual and local community decision making,

By participating in any of the activities listed below.

**If you have participated in any of these activities in the past 6 months:**

Place a check mark in the box in front of each activity in which you have participated;

Please estimate the number of times – note a single number – that you have participated in each activity; and

Please rate your current competency level for each activity.

**If you have not participated in an activity, please do not check the box and do not rate your competency level.**

	Estimate number	Current Competency			
		Excellent	Good	Fair	Poor
<input type="checkbox"/> Testified at public hearing					
<input type="checkbox"/> Presented to parent or other community group					
<input type="checkbox"/> Presented at a conference					
<input type="checkbox"/> Served on a committee					
<input type="checkbox"/> Appeared on TV or radio					
<input type="checkbox"/> 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?

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**Thank you for your assistance!**  
Bring this completed form with you to the first Partnership weekend.