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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimate number</th>
<th>Current Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Testified at public hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Presented to parent or other community group</td>
<td></td>
<td></td>
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<tr>
<td>☐ Presented at a conference</td>
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<tr>
<td>☐ Served on a committee</td>
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<tr>
<td>☐ Appeared on TV or radio</td>
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<td></td>
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<tr>
<td>☐ Articles/editorials published</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.