

The Fayette County Board of DD Needs Assessment

Dear Participant, Employees, Parents, Providers and Community Members:

Each year we seek your input in completing and returning this survey to us so we can plan and prepare for services we provide in the upcoming Calendar Year. Please help by giving us your opinions and suggestions. Please mail this survey to:

Fayette County Board of DD, 1330 Robinson Road SE, Washington Court House, OH 43160.

Thank you!

1. Who are you? (You may check more than one.)

- | | |
|---|--|
| <input type="checkbox"/> Consumer Receiving Services | <input type="checkbox"/> Parent of Child enrolled in local school district |
| <input type="checkbox"/> Individual Who is not receiving services | <input type="checkbox"/> News Media Professional |
| <input type="checkbox"/> Parent/Guardian/Family Member or | <input type="checkbox"/> Parent/Guardian/Family member or Consumer Not Receiving |
| <input type="checkbox"/> Consumer Receiving Services from FCBDD | <input type="checkbox"/> Services from FCBDD |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Community Member not receiving FCBDD Services |
| <input type="checkbox"/> Staff of FCBDD | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Staff Member of Service Provider/Contract Agency |
| <input type="checkbox"/> Staff Member of Collaborative Agency | <input type="checkbox"/> Staff of Fayette County School District |
| <input type="checkbox"/> Member of Business Community | <input type="checkbox"/> Elected Official |
| <input type="checkbox"/> State Official | <input type="checkbox"/> Other (Please list _____) |

2. Please check which (if any) of the following you (or your family member) are receiving from FCBDD

- | | |
|---|---|
| <input type="checkbox"/> Early Intervention (EI) | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Fayette Progressive Preschool | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Showing Acceptance for Everyone (SAFE) |
| <input type="checkbox"/> Family Support Services (FSS) | <input type="checkbox"/> Advocacy (FACT) |
| <input type="checkbox"/> Home & Community Based Waiver Services | <input type="checkbox"/> Other (Please list _____) |
| <input type="checkbox"/> Service and Supports (SSA) | |

3. Please provide your satisfaction rating for the following FCBDD Services.

	Not Satisfied	Satisfied	Very Satisfied	N/A
EI Services - Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EI Services - Home Based	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fayette Progressive Preschool	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Support Services (FSS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special Olympics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home & Community Based Waivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service & Support (SSA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please list _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please provide your opinion of the following statements.

	Disagree	Undecided	Agree	Unable to Answer
Overall, FCBDD is providing quality service to the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD tax dollars are being spent wisely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/Family Members of FCBDD Consumers are involved and supported.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD collaborates well with other community organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generally, FCBDD meets the needs of individuals in our community who have developmental disabilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumers have adequate choice in services offered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD staff treat consumers, family members and public in general with courtesy and with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD staff treat consumers with courtesy and with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD staff treat family members with courtesy and with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD staff treat the public in general with courtesy and with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD communicates well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD communicates well with Consumers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD communicates well with Family Members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FCBDD communicates well with the Public in general.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please respond to the following questions, if applicable.

a. What should FCBDD continue doing?

b. What should FCBDD start doing?

c. What should FCBDD stop doing?

d. If you or a family are not currently receiving FCBDD services, but anticipate need in the future, please indicate the service you will need and anticipated date.

6. If you would like more information regarding FCBDD or follow-up to questions, please indicate what you would like, and include your name, address and phone number.

Name:

Address:

Address 2:

City/Town:

State:

Zip:

Email Address:

Phone Number: