

Disability Awareness Month 2010 Coordinator Evaluation

Thank you for taking the time to help us evaluate the effectiveness and quality of our Disability Awareness Month program. The Governor's Council for People with Disabilities uses your opinions to improve future campaigns. **To be entered in a prize drawing, please return this form by April 12, 2010**, to Kim Dennison at Borshoff. You can fax it to (317) 631-6499, scan and e-mail it as an attachment to kim.dennison@borshoff.biz, or mail it to 47 S. Pennsylvania St., Suite 500, Indianapolis, IN 46204. Or, if you prefer to submit the form online, visit IndianaDisabilityAwareness.org/coordinator eval. Questions can be directed to Kim at (317) 631-6400.

Name _____ E-mail _____

Organization _____

Address _____

City _____ State _____ ZIP _____

Day phone _____ Evening phone _____

Would you like to receive the *On Target* newsletter? Yes No Already do

Would you like to receive the Council's e-mail newsletter? Yes No Already do

You are a/n (check all that apply): Educator Community volunteer Parent Church leader

Person with a disability Family member of a person with a disability Other: _____

Male Female

Number of years you have participated in Disability Awareness Month: _____

How did you learn about Disability Awareness Month?

Conference Mailing Word of mouth Advertisement Other _____

How would you rate your overall satisfaction with the Disability Awareness Month campaign this year?

Very satisfied Satisfied Not satisfied

How would you rate your overall satisfaction with the materials ordering system, including the packaging and delivery of items?

Very satisfied Satisfied Not satisfied

How would you evaluate this year's campaign according to the following criteria?

Understandable message Excellent Average Poor

Visual impact Excellent Average Poor

Creativity Excellent Average Poor

Overall theme Excellent Average Poor

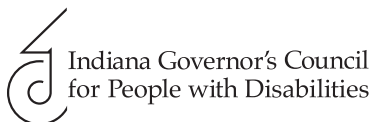
Please rate your satisfaction with the usefulness and ease of implementation for each item you used in your activity(ies).

Use the following codes: **V** = Very satisfied **S** = Somewhat satisfied **N** = Not satisfied

Packet/special item	Usefulness	Ease of implementing	Comments

Enter your campaign to win a Community Spirit Award sponsored by the Governor's Council.

To learn more or to enter your campaign, visit www.in.gov/gpcpd.



Please share your opinion on the following:

In general, my community has positive attitudes about and awareness of people with disabilities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

In general, my community is aware of disability-related issues.

Disagree Somewhat disagree Somewhat agree Agree Don't know

In general, my community provides an inclusive and accessible environment for people with disabilities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

In general, people in my community are likely to include people with disabilities in community activities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

Disability Awareness Month promotes positive attitudes about and awareness of people with disabilities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

Because of Disability Awareness Month, people in my community are more aware of disability-related issues.

Disagree Somewhat disagree Somewhat agree Agree Don't know

Because of Disability Awareness Month, people in my community have more positive attitudes toward people with disabilities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

Because of Disability Awareness Month, people in my community are more likely to include people with disabilities in community activities.

Disagree Somewhat disagree Somewhat agree Agree Don't know

If you have any comments or suggestions for future Disability Awareness Month activities or campaign themes, please let us know below, or you may attach additional pages if necessary.

Event activity report — important:

Please describe the event/activity you coordinated and in which you used Disability Awareness Month materials.

(PLEASE MAKE ONE COPY FOR EACH EVENT/ACTIVITY)

Event/Activity _____ Date _____ Hours required _____

Description of your event/activity (ATTACH SAMPLES, PHOTOGRAPHS AND NEWSPAPER CLIPS, IF AVAILABLE, OR E-MAIL MATERIALS TO KIM.DENNISON@BORSHOFF.BIZ)

Rank your event/activity on these aspects using a scale from 1 to 5, where 1 is unsuccessful and 5 is very successful.

(CIRCLE ONE NUMBER FOR EACH)

	Unsuccessful		Average		Very successful
Generated community awareness	1	2	3	4	5
Changed attitudes	1	2	3	4	5
Gave people new information	1	2	3	4	5
OVERALL	1	2	3	4	5

Planning the event/activity

Number of people _____

Number of hours _____

Planning for the event/activity included: People with disabilities People without disabilities Both

Audience for the event/activity included: People with disabilities People without disabilities Both

Participating in the event/activity

Number of participants _____

Number of hours _____

THANK YOU FOR PARTICIPATING AND SHARING YOUR OPINIONS!