

Disability Awareness Month 2010 Event/Activity Participant Evaluation

Please take a few moments to share your opinions on today's Disability Awareness Month event/activity and return this form to your event coordinator. Your opinions will be used to improve future events.

How would you evaluate these aspects of today's event?

- | | | | | | | |
|-------------------------------------|------------------------------------|-------------------------------|----------------------------------|-------------------------------|-------------------------------|--|
| Convenient location | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |
| Accessibility of the event/activity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |
| Convenient parking | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |
| Appropriateness of event/activity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |
| Interest level in speaker/activity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |
| A valuable use of your time | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Doesn't apply |

Please share your opinion on the following:

The event promoted positive attitudes about and awareness of people with disabilities.

- Disagree Somewhat disagree Somewhat agree Agree Don't know

This event increased awareness of disability-related issues.

- Disagree Somewhat disagree Somewhat agree Agree Don't know

This event will cause people in my community to have more positive attitudes toward people with disabilities.

- Disagree Somewhat disagree Somewhat agree Agree Don't know

This event will cause me to better include people with disabilities in activities in which I participate.

- Disagree Somewhat disagree Somewhat agree Agree Don't know

Rank your event/activity on a scale from 1 to 5, where 1 is not meaningful and 5 is very meaningful.

(CIRCLE ONE NUMBER FOR EACH)

Not Meaningful		Average		Meaningful
1	2	3	4	5

What did you learn because of this event/activity?

What general comments do you have regarding today's event/activity?

You are a (check all that apply): Person with a disability Family member of a person with a disability
 Student Adult Male Female

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

THANK YOU FOR PARTICIPATING AND SHARING YOUR OPINIONS!

