

## Self-Advocacy Group Survey

Self-advocates make sure that people with disabilities have the right to do what they want in their lives, are responsible for their own choices, and have the right to live and do things in the community like other citizens. This is an exciting opportunity for self-advocates to make a difference in their lives as well as others in the community. Meeting with other self-advocates will provide a forum for persons to express themselves, define issues and barriers and make a plan for action.

You are being asked to complete the survey below by MAY 1, 2018

**SUBMIT COMPLETED FORMS TO:** Michelle Dolensky

By e-mail: michelled@portagedd.org

By fax: 330-297-8994

If your answer is Yes or Maybe, please continue.

By mail: 7008 State Route 88

Ravenna, Ohio 44266

Thank you in advance for your participation in this survey.

1. Are you interested in attending meetings to discuss sen-	
advocacy?	
a. 🗌 Yes	
b. No	
c. Maybe, I need more information	
If your answer is no, would you be willing to tell us why?:	
If your answer is maybe, what additional information do you need? Would you like someone to contact you?	
(No answers can stop completing the survey)	

۷.	what day(s) of the week are best for you to attend a meeting
	(check all that apply):
	a. 🗌 Monday
	b. Tuesday
	c. Wednesday
	d. 🗌 Thursday
	e. 🗌 Friday
	f. 🗌 Saturday
	g. 🗌 Sunday
3.	What time(s) are best for you to attend a meeting (check all that
	apply):
	a. 🗌 10am-12pm
	b. 🗌 12pm-2pm
	c. 2pm-4pm
	d. 🗌 4pm-6pm
	e. 🗌 6pm-8pm
4.	How often would you be willing to meet?
	a. 🗌 Monthly
	b. 🔲 Bi-Monthly (every other month)
	c.   Quarterly (once every three months)
5.	Do you have access to transportation to bring you to a meeting?
	a. U Yes
	b. No
	c. 🔲 It depends on location and time
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6.	Please give us some information about yourself:
	Name
	Name:
	City where you live:
	City Where you live.
	Best way to reach you?
	Phone:
	e-mail: