

TCDD Grantee Participation Satisfaction Survey

Introduction

You recently participated in an activity or event funded by the Texas Council for Developmental Disabilities (TCDD). Please complete this survey to help us learn about your experience and how we can continue to support people with developmental disabilities (DD) in Texas. This information is optional, but it helps TCDD and our federal partners understand how our grant activities impact our community.

The survey will take about five minutes to complete. Your response is confidential.

Grantee Organization and Event Details

1. TCDD Grantee Organization Name:
2. TCDD Grant Project Name:
3. When did you attend this program or event? *If the program took place for more than one day, please list the period you were involved. Example: Aug 2023 - Feb 2024*

Demographic Information

4. Select the statement that best describes you.
 - ☐ I am an individual with a developmental disability.
 - ☐ I am a family member of an individual with a developmental disability.
 - ☐ I am a professional who works in the disability field.
 - ☐ Self-disclose - please specify _____
5. Are you of Hispanic, Latino, or Spanish origin?
 - ☐ No
 - ☐ Yes
 - ☐ Prefer not to disclose

6. Select the race that you best identify with.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ More than one race
- ☐ Prefer not to disclose
- ☐ Self-disclosed - please specify _____

7. Select which gender you best identify with.

- ☐ Female
- ☐ Male
- ☐ Prefer not to disclose

8. Do you live in an urban or rural area?

- ☐ Urban (in a city)
- ☐ Suburban (near a city)
- ☐ Rural (in the country)

9. Which region of the state do you live in?

- ☐ North - this includes Dallas, McKinney, Plano
- ☐ East - this includes Tyler, Longview, Beaumont
- ☐ South - this includes Corpus Christi, San Antonio, Laredo
- ☐ West - this includes Lubbock, El Paso, Midland
- ☐ Central - this includes Austin, Round Rock, Waco
- ☐ Coastal - this includes Houston, Galveston, Katy

Satisfaction Questions

10. Overall, were you satisfied with the organization's activity or event?

- ☐ Yes, I was satisfied
- ☐ No, I was not at all satisfied

11. As a result of this training, do you feel you can better say what you want and need? *(For example, you gained confidence communicating your wants and needs to parents, teachers, healthcare providers, employers, friends, or other community members)*

- ☐ Yes, I can better say what I want and need
- ☐ No, I cannot better say what I want and need

12. How likely are you to recommend this activity or event to a friend, family member, or colleague?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Extremely unlikely

13. How likely are you to participate in another activity or event provided by this organization?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Neither likely nor unlikely
- ☐ Somewhat unlikely
- ☐ Extremely unlikely

14. We appreciate your comments about this event. Please share what you learned, what worked, or what could improve this event or program for future participants.

Contact Information Opt-In

15. Would you be willing to share your email and phone number to be contacted about your participation in this activity or event?

- ☐ No
- ☐ Yes

Your Email:

Your Phone Number: