

Community Conversation Feedback Form

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
1. This conversation was a valuable investment of my time					
2. I learned about resources, opportunities, or connections in my community that I <i>previously did not know about</i> .					
3. This conversation will contribute to increased opportunities for students with disabilities in my school and community.					
4. I was able to identify things I could do to enhance school and community participation for students with disabilities as a result of this conversation.					
5. I would invite someone I know to attend another event like this if one is held in the future.					
6. People in my community are generally receptive to involving students with disabilities in inclusive activities.					
7. My community <i>currently</i> has the capacity to support students with disabilities in inclusive school and community activities.					
8. Strong partnerships between schools, community programs, and families <i>currently</i> exist in my community.					
9. Inclusive activities <i>currently</i> exist in our school or community for students with disabilities.					
10. Members of my community need help learning how to support students with disabilities in existing activities.					
11. Follow-up events or actions on this issue are needed in our community.					
12. The conversation this evening improved my perceptions of the capacity of our community to improve opportunities for students with disabilities.					
13. I work with people with disabilities regularly as part of my job.					
14. I am leaving this conversation with specific steps.					

Turn Over

What role do you play in the community?

- a. Work for the local school district
- b. Employer
- c. Employment service provider
- d. Work for the Department of Vocational Rehabilitation (DVR)
- e. Work for the Children's Waivers
- f. Work for the local Aging and Disability Resource Center (ADRC)
- g. Work for the county
- h. Work for the local Managed Care Organization (MCO) or IRIS
- i. Individual with a Disability
- j. Family Member of an Individual with a Disability
- k. Other community member

Please specify: _____