



State Council on Developmental Disabilities

5-yr State Plan Development: Open Meeting & Survey Questions

People with disabilities know what they need to be independent and an active part of their communities. The purpose of the State Council on Developmental Disabilities (SCDD) is to make sure that people with intellectual/developmental disabilities and their families get the services and supports they need.

**SCDD wants to help and we need information from you.
Please fill out and send us this survey.**

1.

Who are you? (Please check one)			
<input type="checkbox"/>	Self-Advocate	<input type="checkbox"/>	Community Member
<input type="checkbox"/>	Family Member of a Self-Advocate	<input type="checkbox"/>	Service Provider
<input type="checkbox"/>	Other:		

2. Please rank the following in order of importance from 1 to 9, where 1 is most important to you and 9 is least important to you:

Service Areas (Please rank in order of importance)	
<input type="checkbox"/>	Child Care
<input type="checkbox"/>	Education & Early Intervention
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Formal and Informal Community Supports
<input type="checkbox"/>	Health
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Quality Assurance
<input type="checkbox"/>	Recreation
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other:

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- 3. What did you rank as #1 (most important) in Question 2? _____**
- a. Why did you rank this as most important to you?**

 - b. What types of activities would you like SCDD to focus on for this service area?**
- 4. What did you rank as #2 in Question 2? _____**
- a. Why did you rank this as the 2nd most important to you?**

 - b. What types of activities would you like SCDD to focus on for this service area?**
- 5. What did you rank as #3 in Question 2? _____**
- a. Why did you rank this as the 3rd most important to you?**

 - b. What types of activities would you like SCDD to focus on for this service area?**
- 6. How can the State Council help people with intellectual/developmental disabilities?**
- 7. What else would you like the State Council to know? (Use additional pages if you need to write more).**

8. What city do you live in? _____

9. What age group are you in?
- Under 18 years old
 - 18-55 years old
 - 55 years or older
 - Do not wish to share

10. Which race do you identify with?

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Do not wish to share

Please return this survey to any of the following:
SCDD Headquarters – 3831 N Freeway Blvd #125, Sacramento CA 95834
StatePlan@scdd.ca.gov or Fax# 916.263.7969
Your local SCDD Regional Office – see www.scdd.ca.gov