



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)

- Self-Advocate (a person with an Intellectual or other Developmental Disability)
- Family Member of a Self-Advocate
- Community Member
- Service Provider
- Other:

2. Please put the following in order of importance from 1 to 9, where 1 is most important to you and 9 is least important to you¹:

Service Areas (Please rank in order of importance)

- ___ Child Care
- ___ Education & Early Intervention
- ___ Employment
- ___ Formal and Informal Community Supports
- ___ Health
- ___ Housing
- ___ Quality Assurance
- ___ Recreation
- ___ Transportation
- ___ Other:

¹ We will work on Self-Advocacy, what else do you want us to work on?

3. What did you put as #1 (most important) in Question 2? _____
- Why did you put this as most important to you?
 - What types of activities would you like the State Council on Developmental Disabilities (SCDD) to focus on for this service area?
4. What did you put as #2 in Question 2? _____
- Why did you put this as the 2nd most important to you?
 - What types of activities would you like SCDD to focus on for this service area?
5. What did you put as #3 in Question 2? _____
- Why did you put this as the 3rd most important to you?
 - What types of activities would you like SCDD to focus on for this service area?
6. How can SCDD help people with intellectual/developmental disabilities?
7. What else would you like the SCDD to know? (Use additional pages if you need to write more).

8. What city/town 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? (check all that apply)

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

11. Ethnicity: Hispanic or Latino
 Not Hispanic or Latino

12. I am (check one):  Male  Female  Other

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