

SELF-ADMINISTERED FORM
STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

INSTRUCTIONS:

In addition to questions that can be answered through personal interview, there is some information that is best collected with a form like this. For the most part, the information requested requires consolidation of information you are already collecting.

The form is divided into separate sections, one section for each of the key functions¹ all State Councils on Developmental Disabilities (DD Councils) implement. We would appreciate it if you would provide us with information that responds to the questions for each key function. When documentation is required, please append to this form.

So that data from all DD Councils can be rolled up to the national level, it is important that all DD Councils that complete this questionnaire use the same time period [REPORTING PERIOD]. Therefore, please answer all questions using the following REPORTING PERIOD:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

We are providing you with a CD that contains this form, as well as a paper copy of the form. Please feel free to complete this form by computer or with a pen. If you complete this form by computer, please save it as a Word file and send it to _____ as an attachment. Documentation should be sent to _____ in the self-addressed envelope we have provided.

If you complete this form with a pen or pencil, please return the form with all documentation to _____ in the self-addressed envelope we have provided.

If you have any questions, please do not hesitate to call _____ at _____.

¹ Key functions are groups of activities carried out by the DD Network programs. Taken together, they cover all key aspects of program activity.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

ID Number
[Completed by _____]

Name of Program _____

Executive Director _____

Name and contact information of person (people) completing form:

Name	Section Completed	Telephone Number	Email
	State Plan Development		
	Self-advocacy and Leadership		
	Community Capacity Development		
	Governance and Management		

A. State Plan Development

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

1. What are the goals and objectives stated in the State Plan and amendments?

PLEASE LIST.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

2. What are the DD Council's long-term systems change² goals? PLEASE LIST.

3. What were the DD council's short-term systems change objectives³ during the reporting period? PLEASE LIST.

² Systems change includes improvements in community capacity, coordination of systems, and customization of supports and services to people with developmental disabilities and their families and results in changes to (or maintenance of) legislation, policy, and funding. Long-term goals cover a multiple-year period (e.g., 5 years or more).

³ Short-term objectives are developed to achieve long-term goals. They are explicit and are intended to be accomplished over a maximum period of 1 year.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

4. What populations or communities were expected to benefit from DD Council's systems short-term objectives during the reporting period? PLEASE LIST.

5. What self-advocacy and leadership development activities⁴ did the DD Council implement during the reporting period? PLEASE LIST.

6. What community capacity development activities⁵ did the DD Council implement during the reporting period? PLEASE LIST.

⁴ Self-advocacy and leadership development activities include the support or provision of education, training, technical assistance, outreach, and public awareness. These activities provide people with developmental disabilities and/or family members with knowledge and skills to obtain supports and services and advocate for systems change so that their choices can meet desired lifestyle goals, including integration into the community, choice and independence.

⁵ Community capacity development activities provide communities with the capacity to support the inclusion of people with developmental disabilities in every aspect of community life. Capacity building includes increasing community awareness, knowledge, skills, and abilities and improving the infrastructure for service delivery throughout the State.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

7. What activities related to identifying or testing promising practices did the DD Council implement during the reporting period? PLEASE LIST.

8. What advocacy activities⁶ did the DD Council implement during the reporting period? PLEASE LIST.

⁶ DD Council advocacy efforts consist of activities to facilitate changes to the service delivery and support systems in the state in order to improve community access and promote self-determination and independence for people with developmental disabilities and their families.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

ID Number
[Completed by _____]

B. Self-advocacy and Leadership

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____]
M M D D Y Y Y Y

9. How many people with developmental disabilities and/or family members participated in Council-supported self-advocacy and leadership development education, training, and/or technical assistance?

Don't know [CHECK, IF APPLICABLE.]

10. Overall, how satisfied do you think recipients of self-advocacy activities were with the type of assistance they received last year?

- Highly satisfied
- Satisfied
- Somewhat satisfied
- Not at all satisfied

PLEASE PROVIDE DOCUMENTATION.⁷

Don't know [CHECK, IF APPLICABLE.]

⁷ Documentation is tangible evidence – such as a report to the DD Council, summary of survey results; audit or performance review results.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

ID Number
[Completed by _____]

C. Community Capacity Development⁸

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

11. How many people participated in community capacity development activities supported by the DD Council during the reporting period?

Don't know [CHECK, IF APPLICABLE.]

12. Overall, how satisfied do you think recipients of self-advocacy activities were with the type of assistance they received last year?

- Highly satisfied
- Satisfied
- Somewhat satisfied
- Not at all satisfied

PLEASE PROVIDE DOCUMENTATION.⁹

Don't know [CHECK, IF APPLICABLE.]

D. Identification of Promising and Effective Practices

No questions

⁸ Community capacity development consists of providing communities with the capacity to support the inclusion of people with developmental disabilities in every aspect of community life. Capacity building includes increasing community awareness, knowledge, skills, and abilities and improving the infrastructure for service delivery throughout the State.

⁹ Documentation is tangible evidence – such as a report to the DD Council, summary of survey results; audit or performance review results.

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

ID Number
[Completed by _____]

E. Governance and Management

All questions in this section refer to the following reporting period:

From [to be completed by _____]
M M D D Y Y Y Y

To [to be completed by _____}
M M D D Y Y Y Y

13. How many DD Council members comprise your Council?

14. How many DD Council members:

a. Have a developmental disability?

Don't know [CHECK, IF APPLICABLE.]

b. Have a cognitive disability?

Don't know [CHECK, IF APPLICABLE.]

c. Have expertise in policy and laws related to people with disability?

Don't know [CHECK, IF APPLICABLE.]

d. Have expertise in business or finance?

Don't know [CHECK, IF APPLICABLE.]

**DEVELOPMENTAL DISABILITIES PROGRAM
INDEPENDENT EVALUATION**

STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

e. Represent a minority in the state?

Don't know [CHECK, IF APPLICABLE.]

15. How many DD Council members attended at least the minimum number of Council meetings required in the Council's attendance policy?

No attendance policy on minimum number of council meetings required.
[CHECK, IF APPLICABLE.]