

**RECIPIENTS OF COMMUNITY SERVICES OR MEMBERS OF  
ORGANIZATIONS/AGENCIES THAT ARE TRAINED TO PROVIDE COMMUNITY  
SERVICES**

[Interviewer]: Thank you for taking the time to talk with me today. My name is [interviewer's name], and I work for \_\_\_\_\_, a private research company in \_\_\_\_\_.

The Administration on Developmental Disabilities (ADD) is conducting an independent evaluation of Developmental Disabilities Network programs and collaboration among them. The purpose of this evaluation is to examine the impact of the Developmental Disabilities (DD) Network programs on the lives of people with developmental disabilities and their families. [NAME OF EXECUTIVE DIRECTOR] from [NAME OF UCEDD] that contacted you to participate in this evaluation is one of \_\_\_\_ UCEDDs in \_\_\_\_ states that have been randomly selected to participate in the evaluation.

The purpose of this interview is to learn about your experiences with the [NAME OF UCEDD] community services and your thoughts about the impact these services have had on people with developmental disabilities, their families, and the community at large.

Before we begin, I would like to read this consent form to you or ask you to read it yourself.

**READ CONSENT FORM OR ALLOW TIME FOR FORM TO BE READ. OBTAIN SIGNATURE ON CONSENT FORM.**

Now that we're ready to begin, we would also like to ask your permission to record this interview so that we do not miss any of your responses to our questions. This recording is for \_\_\_\_'s use only. It will not be made available to anyone else at the UCEDD or anyone else. Do we have your permission to record?

1. Let's begin by having you describe the community services or training you received from the [NAME OF UCEDD].

Probe:

- What it was (e.g., train the trainer program, model demonstration program, technical assistance)
- What it did
- Who provided the services (physician, nurse, social worker, teacher, visiting speakers, UCEDD faculty member)
- How you heard about it (e.g., UCEDD Web site, word of mouth from a friend; community newsletter; disability-related organization)
- How the services were provided (lecture, seminar speakers, physical examination)
- Frequency of sessions
- Followup (if appropriate)

2. Were there materials that went along with the community services you received (e.g., PowerPoint presentations, handouts, brochures)? Please describe.

Probe:

- Types and nature of materials
- Format – accessibility
- Appropriateness

1. What other features did the community services program in which you participated have? Please describe.

Probe:

- Person-centered
- Family-centered
- Culturally competent

2. What were your objectives in participating in the community services program? Please describe.

3. Were your objectives met? Please explain.

6. What did you think of the community services you received? How satisfied were you with:

a. The content

Very satisfied                       Somewhat satisfied                       Not very satisfied

b. Expertise of presenters (instructors/service providers)

Very satisfied                       Somewhat satisfied                       Not very satisfied

c. Materials

Very satisfied                       Somewhat satisfied                       Not very satisfied

Please explain.

Finally, let's talk about how you think you benefited from the community services provided by the [NAME OF UCEDD].

1. How have you benefited from the services provided by the [NAME OF UCEDD]? Please describe.

a. Did these services help you to obtain supports or services for yourself, a family member or another person with a developmental disability? Provide examples.

Probe:

- Advocated for themselves
  - Advocated for others
  - Helped a peer or mentored another person with a disability
  - Other \_\_\_\_\_
- \_\_\_\_\_

b. Did these services help you to become a leader in the community? Please give examples.

Probe:

- Became chair or member of the CAC or DD Council
  - Became member or leader in other organizations that advocate on behalf of people with disabilities
  - Became a member or leader in other community organizations
  - Participated in DD Network advocacy efforts
  - Other \_\_\_\_\_
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- c. In what ways have the community services provided by the [NAME OF UCEDD] strengthened your ability to help people with developmental disabilities? Provide examples.
- d. In what ways have you had an impact on people with developmental disabilities and/or their families as a result of the community services you received from the [NAME OF UCEDD]? Provide examples.
- e. What kinds of improvements have you seen or been responsible for within the community as a result of the community services sponsored by the [NAME OF UCEDD]? Provide examples.

**Is there anything else you would like to say about your experiences with the community services provided by the UCEDD?**

**Those are all the questions we have for you today. Do you have any other questions before we end this discussion?**

**We'd like to thank you for taking the time to participate in this interview.**