

**Disability Research Consortium
Annual Meeting Evaluation**

August 3, 2016

Thank you for attending the 2016 DRC meeting. Please take a few minutes to give us your feedback on the meeting. Leave your completed evaluation in the box outside the meeting room. Your responses will be used to make future improvements to the meeting. Thank you for your time.

1. What is your position?
 - a. Government employee (please circle: Congress, Executive branch, state/local)
 - b. Private sector employee/consultant
 - c. Academic researcher
 - d. Press/media
 - e. Private citizen
 - f. Student

2. Is this the first DRC meeting you have attended? 1. YES 2. NO

3. How did you learn about the meeting? (circle all that apply)
 - a. Via email from one of the two centers (please specify) _____
 - b. From a listserv (please specify) _____
 - c. From my employer
 - d. Other (please specify) _____

4. Do you receive notice of new papers from the consortium centers?

Mathematica?	1. YES	2. NO
NBER?	1. YES	2. NO

5. What was/were your reason(s) for attending this meeting?

6. How did this meeting meet your needs?

7. What did you like most about the meeting?

8. What did you like least about the meeting?

9. Do you have any suggestions for future meeting topics, sessions or formats?

10. Do you plan to attend next year? YES/NO

11. Would you recommend the meeting to others? YES/NO

12. Please rate speakers and discussants on a scale from 1 (poor) to 5 (excellent) and provide comments below.

	Speakers		Discussants	
PANEL 1: Drivers of Disability Rolls	Friedman		TBD	
	Staubli		TBD	
	Sevak		TBD	
	Comments			
PANEL 2: Entry and Exit onto Disability	Maestas		TBD	
	Deshpande		TBD	
	Ben-Shalom		TBD	
	Comments			
Lunch	Weaver			
	Comments			
PANEL 3: Well-being of the Disabled	Meyer		TBD	
	Livermore		TBD	
	Hoffman		TBD	
	Comments			
PANEL 4: Interactions between Health Insurance Disability	Schimmel		TBD	
	Hyde			
	Gettens		TBD	
	Cutler		TBD	
Comments				

This information collection meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about **10 minutes** to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**