

# ANNUAL PROGRAM PERFORMANCE REPORT TEMPLATE STATE COUNCILS ON DEVELOPMENTAL DISABILITIES

## SECTION I: IDENTIFICATION

1. State/Territory:
2. Federal Fiscal Year Reporting: October 1, 20\_\_ through September 30, 20\_\_
3. Contact person regarding PPR information:
4. Contact person's phone number:
5. Contact person's e-mail address:
6. Council is its own DSA: \_\_\_ Yes \_\_\_ No

## SECTION II: PROGRESS REPORT

### Section II.a. Detailed Progress Report on Goals

**Goal #:** *Goal statement would be taken directly from State Plan*

#### Area(s) of Emphasis:

Area of Emphasis	Planned for this goal <i>Taken directly from State Plan; areas checked off</i>	Areas addressed <i>To be completed annually; Council checks off Areas</i>
Quality Assurance		
Education and Early Intervention		
Child Care		
Health		
Employment		
Housing		
Transportation		
Recreation		
Formal and Informal Community Supports		

#### Strategies:

Strategies	Planned for this goal <i>Taken directly from State Plan; strategies checked off</i>	Strategies Used <i>To be completed annually; Council checks off Strategies Used</i>
Outreach		
Training		
Technical Assistance		
Supporting and Educating Communities		

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Interagency Collaboration and Coordination		
Coordination with Related Councils, Committees and Programs		
Barrier Elimination		
Systems Design and Redesign		
Coalition Development and Citizen Participation		
Informing Policymakers		
Demonstration of New Approaches to Services and Supports		
Other Activities		

### Intermediaries/Collaborators:

Intermediaries/Collaborators	Planned for this goal <i>Taken directly from State Plan; Intermediaries/Collaborators checked off</i>	Actual <i>To be completed annually; Council checks off Intermediaries/Collaborators checked off</i>
State Protection and Advocacy System		
University Center(s)		
State DD agency		
Other:		
Other:		
Other:		

### Objectives/Implementation Activities/Timeline:

Objectives	Implementation Activities	Timeline
1. Objective <i>Taken directly from State Plan</i>	<i>Taken directly from State Plan</i>	<i>Taken directly from State Plan</i>
Narrative Result <sup>1</sup> : <i>For each objective, the Council would complete this section annually, providing a narrative report of how the objective was implemented, if there were activities planned for during the reporting timeframe. The Council would not provide a narrative report for objectives not planned for during the reporting timeframe.</i>		
2. Objective		
Narrative Result:		

### Section II.b. Summary

*This section would be used to provide a summary report of overall progress, to discuss challenges and to describe significant achievements not reported elsewhere.*

## SECTION III: PROJECTED COUNCIL BUDGET [Section 124(c)(5)(B) and 125(c)(8)]

<sup>1</sup> Narrative results are **only** reported for active objectives and **not** those objectives planned for subsequent years

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### Budget Planned

*The chart below would be taken directly from the State Plan*

Goal	Subtitle B \$	Other(s) \$	TOTAL
1. Goal			
2. Goal			
3. Goal			
4. Goal			
5. Goal			
6. General management (Personnel, Budget, Finance, Reporting)			
7. Functions of the DSA			
8. TOTAL	\$	\$	\$

### Actual Expenditures

*The Council would complete this chart annually, identifying the actual expenditures for the year*

Goal	Subtitle B \$	Other(s) \$	TOTAL
9. Goal			
10. Goal			
11. Goal			
12. Goal			
13. Goal			
14. General management (Personnel, Budget, Finance, Reporting)			
15. Functions of the DSA			
16. TOTAL	\$	\$	\$

## SECTION IV: PERFORMANCE MEASURES

1. Self-advocacy measure:
  - 1.1. (Annual) The number of people with developmental disabilities and families of those with developmental disabilities who were provided assistance in becoming active participants in making decisions that affect their lives
  - 1.2. (Annual) The percent of those people (in number one) who became active participants in making decisions that affect their lives.
  
2. Systems Change measure:

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2.1. **(Annual)** The number of systems<sup>2</sup> with whom you worked to transform their fragmented approaches into a coordinated and effective system that represents outcomes specified in the Act.

2.2. **(5 year measure)** The unduplicated number of systems modified<sup>3</sup> to transform fragmented approaches into a coordinated and effective system that represents outcomes specified in the Act.

*Note: this measure would not be reported on annually. Instead, data would be reported for this measure every 5 years.*

## SECTION V: SATISFACTION WITH COUNCIL SUPPORTED OR CONDUCTED ACTIVITIES

### Section V.a. Individual Responses

1. Number of responses:

2. *Respect*: I (or my family member) was treated with respect during project activity.

\_\_\_\_ % Yes

\_\_\_\_ % No

3. *Choice*: I (or my family member) have more choice and control as a result of project activity.

\_\_\_\_ % Yes

\_\_\_\_ % No

4. *Community*: I (or my family member) can do more things in my community as a result of project activity.

\_\_\_\_ % Yes

\_\_\_\_ % No

5. *Satisfied*: I am satisfied with project activity.

\_\_\_\_ % Strongly Agree

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<sup>2</sup> Number of systems is derived from the number of organizations/agencies/coalitions/networks involved (any organized group of individuals with an identifiable mission statement)

<sup>3</sup> "Modified" means any of the following: created/improved/refined/deleted policies and/or procedures; created/improved/refined/deleted programs; leveraged/allocated/reallocated/dedicated use of funds; leveraged/allocated/reallocated/dedicated use of resources, other than dollars; Individuals/family members participating in policy/advisory/planning/governing bodies; trained people in content areas/systems advocacy/self-advocacy; involved people in self-advocacy; engaged people in systems change efforts; reached policymakers; engaged organizations in systems change efforts, including best practices developed, implemented and replicated; involved organizations in coalitions/networks

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\_\_\_\_ % Agree  
\_\_\_\_ % Disagree  
\_\_\_\_ % Strongly Disagree

6. *Better Life*: My life is better because of project activity.

\_\_\_\_ % Strongly Agree  
\_\_\_\_ % Agree  
\_\_\_\_ % Disagree  
\_\_\_\_ % Strongly Disagree

7. *Rights*: Because of this project activity, I (or my family member) know my rights.

\_\_\_\_ % Yes  
\_\_\_\_ % No

8. *Safe*: I (or my family member) are more able to be safe and protect myself from harm as a result of activity.

\_\_\_\_ % Yes  
\_\_\_\_ % No

9. Comments:

### Section V.b. Stakeholders Responses

1. Number of responses:

2. *Impact*: Council activities have improved the ability of the individuals with developmental disabilities and family members to:

a. Make choices and exert control over the services and support they use

\_\_\_\_ % Strongly Agree  
\_\_\_\_ % Agree  
\_\_\_\_ % Somewhat Agree  
\_\_\_\_ % Somewhat Disagree  
\_\_\_\_ % Disagree  
\_\_\_\_ % Strongly Disagree

b. participate in community life:

\_\_\_\_ % Strongly Agree  
\_\_\_\_ % Agree  
\_\_\_\_ % Somewhat Agree  
\_\_\_\_ % Somewhat Disagree  
\_\_\_\_ % Disagree  
\_\_\_\_ % Strongly Disagree

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3. *Satisfaction*: Council activities promote self-determination and community participation for individuals with developmental disabilities.

% Strongly Agree  
 % Agree  
 % Somewhat Agree  
 % Somewhat Disagree  
 % Disagree  
 % Strongly Disagree

4. Comments:

### **SECTION VI: MEASURES OF COLLABORATION**

1. Identify the critical issues/barriers affecting individuals with developmental disabilities and their families in your State that the DD Network (The State DD Council, Protection and Advocacy Agency, and UCEDD) has jointly identified:
2. Describe the strategies collaboratively implemented by the DD Network for at least one of the issues/barriers identified above:
  - a. Issue/Barrier:
  - b. Provide a brief description of the collaborative strategies to address issue/barrier and expected outcome(s):
  - c. Check applicable areas of emphasis:
    - Quality Assurance
    - Education and Early Intervention
    - Child Care
    - Health
    - Employment
    - Housing
    - Transportation
    - Recreation
    - Quality of Life
    - Other – Assistive Technology
    - Other – Cultural Diversity
    - Other - Leadership
    - Other – please specify:
  - d. Describe the UCEDD's specific role and responsibilities in this collaborative effort. Include any technical assistance expertise you can provide to other States in this area:
  - e. Briefly identify problems encountered as a result of this collaboration, and technical assistance, if any, desired:
  - f. Describe any unexpected benefits of this collaborative effort:

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