# ICDI Site Annual Follow-Up Survey

## Site Contact Information:

1. Organization Name:
2. Organization Mailing Address:
3. Coordinator Name:
4. Coordinator Email:
5. Coordinator Phone:
6. Did your site run at least one ICDI waves in 20XX-XX? [ ] Yes [ ] No

6a. Does your site plan to host at least one ICDI program wave in the following year?

[ ] Yes [ ] No

1. What population does your ICDI Site currently serve? Please describe the general age range, genders, and disability types of your participants. [Open-ended]
2. What is the setting(s) of your ICDI program?

[ ] K-12 School [ ] College & University [ ] Community

1. How many mentees were served in your most recent ICDI program? How many mentors participated in your most recent ICDI program? [Open-ended]
2. Did your site receive funding to help with the ICDI program?

[ ] Yes [ ] No

10a. If yes, was the funding built into your organization’s budget, from a grant opportunity, or another source? [Select one]

10b. If yes, and you received grant funds, was this from an opportunity that was sent to you from the ICDI program? [Open-ended]

1. Do mentees in your ICDI program pay to participate in the ICDI program?

[ ] Yes [ ] No

11a. If yes, what is the fee for a mentee to participate? [Open-ended]

1. How has your ICDI program changed in the last year? [Open-ended]
2. What type of support would be most helpful for your site in continuing with the ICDI program? [Open-ended]