

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
7. What population does your ICDI Site currently serve? Please describe the general age range, genders, and disability types of your participants. [Open-ended]
8. What is the setting(s) of your ICDI program?
 K-12 School College & University Community
9. How many mentees were served in your most recent ICDI program? How many mentors participated in your most recent ICDI program? [Open-ended]
10. 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]
11. 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]

12. How has your ICDI program changed in the last year? [Open-ended]

13. What type of support would be most helpful for your site in continuing with the ICDI program? [Open-ended]