

**Disability Research Consortium
Annual Meeting Evaluation**

August 1, 2018

Thank you for attending the 2018 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: Health and Health Insurance | Maestas | | TBD | |
| | Harrati | | TBD | |
| | Hock | | TBD | |
| | Comments | | | |
| PANEL 2: Occupational Factors | Yanyuan Wu | | TBD | |
| | Powell | | TBD | |
| | von Wachter | | TBD | |
| | Comments | | | |
| Lunch | Autor | | | |
| | Comments | | | |
| PANEL 3: Well-being of Beneficiaries | Gettens | | TBD | |
| | Deshpande | | TBD | |
| | Hoffman | | TBD | |
| | Comments | | | |
| PANEL 4: Characteristics of Applicants and Beneficiaries | Lee Luca | | TBD | |
| | Livermore | | TBD | |
| | Mullen | | 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.**