Skills for Effective Parent Advocacy Evaluation

We'd appreciate your feedback on this workshop.

1. Are you a: (Please check all that apply)
   - Parent
   - Surrogate / Foster parent
   - Grandparent
   - Other relative/guardian
   - Regular educator
   - Special educator
   - Professional
   - Student
   - Administrator
   - Other (please specify) ______________________

2. What is your child/young adult’s age? ________________

3. Does your child/young adult have a disability?  
   - Yes (please answer #4)
   - No (skip to #5)

4. What is your child/young adult’s primary disability? (Check one)
   - ADD-ADHD
   - Autism
   - Deaf-Blindness
   - Deaf-Hearing Impairment
   - Developmental Delay (Early Childhood)
   - Mental Illness
   - Developmental Cognitive Disabilities
   - Multiple Disabilities
   - Orthopedic Impairment-physical
   - Other Health Impairment
   - Suspected Disability ______________________
   - Specific Learning Disability
   - Speech/Language Impairment
   - Traumatic Brain Injury
   - Visual Impairment including Blindness
   - Emotional Disturbance

5. On the whole, how would you rate this workshop?
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

6. Have you learned anything new at this workshop?  
   - Yes
   - No
   I found these topics most worthwhile: ______________________________________

7. Has this workshop helped you learn how to more effectively advocate for your child?  
   - Yes
   - No

8. Were the materials received at this workshop of high quality?  
   - Yes
   - No

9. What suggestions do you have for improving this workshop? ______________________
   ______________________________________
   ______________________________________

10. Other comments ______________________________________
    ______________________________________
    ______________________________________
    ______________________________________

Today's date: ______________________ Location of Workshop: ________________________________