

**Leadership and Advocacy Training Survey – Advocacy Activities**

Name

Email

Event date(s)

Today's Date

Phone

*TCDD funded this training program. This information is optional, but it helps TCDD and the federal agency that provides us with funding to understand how funding impacts our community.*

Q1. Race/Ethnicity		Q2. Gender	Q3. Geographic Area
1 - White <input type="checkbox"/>	5 - Asian <input type="checkbox"/>	1-Female <input type="checkbox"/>	1 - Urban <input type="checkbox"/>
2 - Black or African American <input type="checkbox"/>	6 - Native Hawaiian or Pacific Islander <input type="checkbox"/>	2-Male <input type="checkbox"/>	2 - Rural <input type="checkbox"/>
3 - American Indian or Alaska native <input type="checkbox"/>	7 - Two or more races <input type="checkbox"/>	3-Other <input type="checkbox"/>	
4 - Hispanic/Latino <input type="checkbox"/>	8 - Unknown or do not wish to answer <input type="checkbox"/>		

**Q4. Please check the statement that best describes you. If you are filling this out for someone else, check which statement describes that person.**

I am an individual with a developmental disability.	1- <input type="checkbox"/>
I am a family member of an individual with a developmental disability.	2- <input type="checkbox"/>
I do not have a developmental disability and I am not a family member of a person with a developmental disability.	3- <input type="checkbox"/>

*Do you have any comments you'd like to add about the activity?*

**Only individuals with disabilities and family members should complete the questions on the following page.**

## Questions for individuals with developmental disabilities and family members



Advocacy means speaking on behalf of or in support of yourself, another person or people. It can also mean actively supporting a cause or proposal.

Self-Advocacy means speaking up for yourself and making your own decisions. It means you know what your rights and responsibilities are, how to get information you need or want, and how to reach out to others when you need support.

TCDD needs to know if our projects result in people advocating for themselves, others, or a cause. We also need to know if people assume leadership roles.

<b>Q5. Do you advocate for yourself or others <u>more often</u> after participating in this training?</b>	<input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 2
<b>Q6. Are <u>better</u> at saying what you want and what is important to you after participating in this training?</b>	<input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 2
<b>Q7. Are you participating in any formal or informal advocacy activities now?</b>	<input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 2
<b>Q8. Are you serving on a board, coalition, committee, workgroup, governing body, or in a related leadership position?</b>	<input type="checkbox"/> Yes - 1	<input type="checkbox"/> No - 2

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