

## Sample Followup Survey for Disability Service Providers

Dear participant of training:

Thank you for attending our professional training \_\_\_ month(s) ago on [title of training]. As a followup to that training, we would appreciate it if you would take a few minutes to complete this brief online survey. This survey will help us assess how the training information is used and plan for future trainings.

Although space is provided on this survey for your name and contact number (particularly if you would like to schedule future trainings), all information collected is confidential.

Please respond to this survey within the next week. If you have any questions, feel free to e-mail \_\_\_\_\_ . Thank you very much for your time and input.

1. What is your role in working with persons with disabilities?

\_\_\_ Personal care provider

\_\_\_ Case manager

\_\_\_ QMRP/QDDP

\_\_\_ Program director/administrator

\_\_\_ Vocational rehabilitation counselor

\_\_\_ Medical staff

\_\_\_ Other (please specify): \_\_\_\_\_

2. Have you used the information you acquired from the training to do any of the following?

Identify or screen for signs of abuse.

Make a referral to a domestic violence or rape crisis program.

Have an open conversation with a person with disabilities about healthy and safe relationships.

Identify additional ways that persons with disabilities can have more power and control over their lives.

Update or expand existing agency policies/procedures regarding abuse.

Other (please specify): \_\_\_\_\_

None of the above.

3. Is there anything else you would like us to know about how this training has assisted you in working with persons with disabilities?

4. If persons with disabilities from your agency attended our personal safety classes, do you think they benefited from the classes? If yes, how?

5. What further training and information would be useful to help you or other agency staff members address abuse against persons with disabilities?