

Skills for Effective Parent Advocacy Evaluation

FAST Workshop

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)

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD-ADHD | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental Cognitive Disabilities | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf-Hearing Impairment | <input type="checkbox"/> Orthopedic Impairment-physical | <input type="checkbox"/> Visual Impairment including Blindness |
| <input type="checkbox"/> Developmental Delay (Early Childhood) | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Suspected Disability _____ |
| <input type="checkbox"/> 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 _____

