Consumer Satisfaction Survey

Life Stages Tool Guide

| A funded project of the Nevada Governor’s Council on Developmental Disabilities. Please let us know if this guide was useful by answering the following, checking YES (thumbs up) or NO (thumbs down). | YES  Yes/Thumbs Up Picture | NO  No/Thumbs Down Picture |
| --- | --- | --- |
| I am a self-advocate |  |  |
| I am a family member of a self-advocate |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Do you live in a small city or rural area of Nevada? |  |  |
| Do you live in Southern Nevada? |  |  |
| Do you live in Northern Nevada? |  |  |
| Do you feel this guide has, or will increase your advocacy skills, knowledge, and/or advocacy activities? (2.1/2.2) |  |  |
| Do you feel this guide helped, or will help, you speak up and advocate for yourself or others? (2.2.1) |  |  |
| Do you feel this guide helped, or will help, prepare you or a family member to make informed choices and live a more self-determied life? |  |  |
| Do you feel this guide has given you better tools to plan for your future or a family member’s future? |  |  |
| Was the guide easy to understand and follow? |  |  |
| Would you recommend this guide to someone else? |  |  |

Any additional comments about this guide?

Please return this survey to the Nevada Governor’s Council on Developmental Disabilities via the envelope provided or: Mail: 896 W. Nye Lane Suite 202, Carson City, NV 89703 Fax:775-684-8626 Email: jessica.banes@dhhs.nv.gov