**Michigan Developmental Disabilities Institute**

**Consumer Satisfaction Survey**

We would appreciate your input by completing the following survey. Your feedback about this training/presentation is very important to us and will be used to improve our future trainings/presentations.

1. **Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**
2. **Please describe yourself: (Check all that apply)**
* Student
* Professionals & Para-Professionals
* Family Member/ Caregiver
* Adult with Disabilities
* Children/Adolescents with Disabilities
* Legislators/Policymakers
* General Public/Community Members
1. **I am satisfied with the knowledge and skills gained from this training/presentation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **4**Strongly AgreeO | **3**AgreeO | **2**DisagreeO | **1**Strongly DisagreeO |

1. **As a result of this training/presentation, my knowledge about this topic has increased:**

|  |  |  |  |
| --- | --- | --- | --- |
| **4**Strongly AgreeO | **3**AgreeO | **2**DisagreeO | **1**Strongly DisagreeO |

1. **Do you have any comments or suggestions that could help improve this training/presentation?**

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**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



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