

## Michigan Developmental Disabilities Institute Consumer Satisfaction Survey

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1. Date:/	/			1. Date:/	/				
2. Please describe yourself: (Check all that apply)				2. Please describe yourself: (Check all that apply)					
<ul><li>Student</li></ul>	O Student				O Student				
O Professionals & Para-Professionals				O Professionals & Para-Professionals					
O Family Member/ Caregiver				<ul> <li>Family Member/ Caregiver</li> </ul>					
Adult with Disabilities				O Adult with Disabilities					
O Children/Adolescents with Disabilities				<ul> <li>Children/Adolescents with Disabilities</li> </ul>					
<ul> <li>Legislators/F</li> </ul>	Policymakers			O Legislators/Policymakers					
<ul><li>General Pub</li></ul>	lic/Community N	Members		O General Public/Community Members					
3. I am satisfied with the knowledge and skills gained from this training/presentation:				<ol><li>I am satisfied with the knowledge and skills gained from this training/presentation:</li></ol>					
4	3	2	1	4	3	2	1		
Strongly Agree	Agree	Disagree	Strongly Disagree	Strongly Agree	Agree	Disagree	Strongly Disagree		
Ο	Ο	Ο	0	0	Ο	Ο	Ο		
4. As a result of thi topic has increas	• •	entation, my kn	owledge about this	4. As a result of this topic has increas		entation, my kn	owledge about this		
4	3	2	1	4	3	2	1		
Strongly Agree	Agree	Disagree	Strongly Disagree	Strongly Agree	Agree	Disagree	Strongly Disagree		
Ο	Ο	Ο	0	0	Ο	Ο	Ο		
5. Do you have any improve this tra			t could help	5. Do you have any improve this trai			t could help		

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