



GOVERNOR'S COUNCIL FOR PEOPLE WITH DISABILITIES

Disability Awareness Month 2019 Coordinator Evaluation

Thank you for taking the time to help us evaluate the effectiveness and quality of our Disability Awareness Month program. The Governor's Council for People with Disabilities uses your opinions to improve future campaigns. Please return this completed form by April 19, 2019. You can scan and email it as an attachment to gcpdawareness@gcpd.in.gov or mail it to Indiana Governor's Council, Indiana Govt. Center South, Rm. E145, 402 W. Washington St., Indianapolis, IN 46204. Or, if you prefer to submit the form online, visit IndianaDisabilityAwareness.org/coordinator eval. Questions can be directed to the Council at (317)232-7770.

Name _____ Email _____

Organization _____ Is this a school? Yes No

Address _____

City _____ County _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Would you like to receive Council news and information by email? Yes No

You are a/n (check all that apply)

- Educator Community Volunteer Service provider Male Female Non-binary
 Person with a disability Family member of a person with a disability
 Other: _____

Number of years you have participated in Disability Awareness Month: _____

How did you learn about Disability Awareness Month?

- Conference Mailing Word of Mouth Email Social Media
 Other: _____

How would you rate your overall satisfaction with the Disability Awareness Month campaign this year?

- Very satisfied Satisfied Not satisfied

How would you rate your overall satisfaction with the materials ordering system, including packaging and delivery of items?

- Very satisfied Satisfied Not satisfied

How would you evaluate this year's campaign according to the following criteria?

- | | | | |
|------------------------|------------------------------------|----------------------------------|-------------------------------|
| Understandable message | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Visual Impact | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Creativity | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |
| Overall theme | <input type="checkbox"/> Excellent | <input type="checkbox"/> Average | <input type="checkbox"/> Poor |

Did you see the #BeCoolWeAre campaign video? Yes No

If so, did you share the #BeCoolWeAre campaign video? Yes No

Did you order extra materials? Yes No

If yes, what did you use them for? _____

Please rate your satisfaction with the usefulness and ease of implementation of each item you used in your activity(ies). Circle the following codes: V = Very satisfied, S = Satisfied, N = Not satisfied.

		Comments
Sticker/Bookmark/Poster	V S N	
Activity Packets/Booklet	V S N	
Disable Disrespect/ Legislative Process Brochure	V S N	
Evaluation Forms	V S N	

Please share your opinion on the following:

Disability Awareness Month promotes positive attitudes about and awareness of people with disabilities.

Disagree Somewhat Disagree Don't Know Somewhat Agree Agree

Because of Disability Awareness Month, people in my community are more aware of disability-related issues.

Disagree Somewhat Disagree Don't Know Somewhat Agree Agree

Because of Disability Awareness Month, people in my community have more positive attitudes towards people with disabilities.

Disagree Somewhat Disagree Don't Know Somewhat Agree Agree

Because of Disability Awareness Month, people in my community are more likely to include people with disabilities in community activities.

Disagree Somewhat Disagree Don't Know Somewhat Agree Agree

If you have any comments or suggestions for future Disability Awareness Month activities or campaign themes, please let us know below, or you may attach additional pages if necessary.

Please continue to Page 3 to complete the Event Activity Report

Event/Activity Report – Important:

Please describe the event/activity you coordinated in which you used Disability Awareness Month materials
(PLEASE MAKE ONE COPY FOR EACH EVENT/ACTIVITY)

Event/Activity _____ Date _____

Location _____

Description of your event/activity (ATTACH SAMPLES, PHOTOGRAPHS AND NEWSPAPER CLIPS, IF AVAILABLE, OR
EMAIL MATERIALS TO GCPDAWARENESS@GCPD.IN.GOV)

Rank your event/activity on these aspects using a scale from 1 to 5, where 1 is unsuccessful and 5 is very successful.
(CIRCLE ONE NUMBER FOR EACH)

	Unsuccessful		Average		Very successful
Generated community awareness	1	2	3	4	5
Changed attitudes	1	2	3	4	5
Gave people new information	1	2	3	4	5

Planning the Event/Activity:

Participating in the Event/Activity

Number of People: _____

Number of Participants: _____

Number of Hours: _____

Planning for the event/activity included:

People with Disabilities

People without Disabilities

Both

Audience for the event/activity included:

People with Disabilities

People without Disabilities

Both

Thank you for participating and sharing your opinions!