Disability Awareness Month 2020 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 17, 2020. You can scan and email it as an attachment to awareness@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/coordinatoreval. 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?

<table>
<thead>
<tr>
<th>Understandable message</th>
<th>Excellent</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impact</td>
<td>Excellent</td>
<td>Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Creativity</td>
<td>Excellent</td>
<td>Average</td>
<td>Poor</td>
</tr>
<tr>
<td>Overall theme</td>
<td>Excellent</td>
<td>Average</td>
<td>Poor</td>
</tr>
</tbody>
</table>

Did you see the #PeopleNotPunchlines campaign video? ☐ Yes ☐ No
If so, did you share the #PeopleNotPunchlines 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>V</th>
<th>S</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sticker/Bookmark/Poster</td>
<td></td>
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<tr>
<td>Activity Packets/Booklet</td>
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<tr>
<td>Disable Disrespect/ Legislative Process Brochure</td>
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<tr>
<td>Evaluation Forms</td>
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</tbody>
</table>

Comments

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 AWARENESS@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)

| Generated community awareness | Unsuccessful | 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:  

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!