

Scioto County Board of Developmental Disabilities Community Survey and Needs Assessment

Annually, the Scioto County Board of Developmental Disabilities (SCBDD) assesses community needs and services provided by the Board. Individuals, families, staff, service providers, Board members, collaborative agencies, and the community at large are encouraged to take a few minutes to complete this survey. Your responses will help the Board in its efforts to improve services and better meet individuals' needs. Thank you for your time.

Please complete by **Friday, June 24, 2016**, and return to:

Scioto County Board of Developmental Disabilities
2619 Gallia St., OH 45662
Attn. Lori McNelly, Community Relations Coordinator
Email: lmcnelly@scdd.k12.oh.us

Please indicate below who is completing this form:

- | | |
|--|---|
| <input type="checkbox"/> An individual receiving SCBDD services
<input type="checkbox"/> A parent/guardian/family member of an adult or child receiving SCBDD services
<input type="checkbox"/> A staff member of a service provider/contract agency
<input type="checkbox"/> A member of business community/Chamber of Commerce
<input type="checkbox"/> A Board member of _____ Board
<input type="checkbox"/> Other (please list): _____ | <input type="checkbox"/> A parent of a child with DD enrolled in a local school district
<input type="checkbox"/> An employee of SCBDD
<input type="checkbox"/> A staff member of a developmental center
<input type="checkbox"/> A staff member of a Scioto County school district
<input type="checkbox"/> A staff member of a collaborative agency
<input type="checkbox"/> An elected official |
|--|---|

If appropriate, please check which services(s) you (or your family member) are receiving from SCBDD (you may check more than one):

- | | |
|--|---|
| <input type="checkbox"/> Early Intervention/Early Childhood
<input type="checkbox"/> School Age Programs/Vern Riffe School
<input type="checkbox"/> Residential/Supported Living Services/Waiver
<input type="checkbox"/> Community Employment Services/Vocation Station
<input type="checkbox"/> Other (please list): _____ | <input type="checkbox"/> Family Support Services
<input type="checkbox"/> STAR, Inc./Adult Day Services
<input type="checkbox"/> Services and Support Administration
<input type="checkbox"/> Respite Services |
|--|---|

Please provide your satisfaction rating for the following categories by marking the appropriate box:

SCBDD Services	Very Satisfied	Satisfied	Not Satisfied	Not applicable
Early Intervention/Early Childhood				
School Programs/Vern Riffe School				
STAR, Inc./Adult Day Services				
Community Employment Services/Vocation Station				
Residential/Supported Living Services, Individual Services/Waiver				
Family Support Services and/or Respite Services				
Transportation for Vern Riffe School and STAR, Inc.				
Transportation for Community Employment				
Service & Support Administration				
Other (please list):				

Please respond by indicating your opinion of each of the statements below:

	Always	Usually	Sometimes	Occasionally	Never
Overall, SCBDD provides quality services					
Tax dollars are being spent wisely					
Programs ensure health and safety					
Leadership is supportive and helpful					
Employees are dedicated and responsive					
Access to services is user friendly					
SCBDD communicates well with stakeholders					
Individuals can choose services they want and need					
SCBDD works closely with other community organizations					

Please respond to the following questions:

1. What are the strengths of SCBDD? _____

2. What opportunities are there for SCBDD change/improve? _____

3. What threats do you see to SCBDD's future? _____

If you would like more information regarding SCBDD programs please include your name, address and phone number below.

Name: _____ **Phone:** () _____

Address: _____
Street **City** **State** **Zip**

Email address: _____

Please check out our website at: www.sciotocountydd.org

Thank you for taking time to complete this survey!