

**Directions:** Please take the next 5-10 minutes to reflect on your experiences with the Deaf Self-Advocacy Training (DSAT). Your feedback will be valuable in helping the Consortium identify improvement activities. If you have any questions about this form, please contact Cathy Cogen at 617.373.3027 (Voice), 857.366.4190 (VP), or by email at C.Cogen@neu.edu. Thank you!

1. **Date of Training:** \_\_\_\_\_

2. **Location of Training:** \_\_\_\_\_

3. **Name of Trainer:** \_\_\_\_\_

4. **Which sentence best describes how you now feel about your self-advocacy?**

(Check one answer)

- ☐ I am not comfortable advocating for myself; others should do it for me.
- ☐ I am not comfortable advocating for myself but wanted to become good self-advocate.
- ☐ I advocate for myself a bit but am still a little uncomfortable and want to be a better advocate.
- ☐ I do advocate for myself and am mostly comfortable doing it.

5. **I know how to find a qualified interpreter?** (Check one answer)

- ☐ True
- ☐ False

6. **Please tell us what you think.**

Our Question	Your Answer			
A. How much did you learn in this class?	<input type="checkbox"/> Very much	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Very little	<input type="checkbox"/> Nothing
B. What is the most important lesson you learned in this class?				
C. What I liked best about this class is:				
D. What I didn't like about this class is:				
E. What I would change about this class:				
F. I would recommend this training to others:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
G. Any other comments?				

**7. What is your hearing status?** (Check one answer)

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Deaf            | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Deaf-Blind      | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Hard of Hearing |                                  |

**8. What is your highest level of education attained?** (Check one answer)

- |  |   |
|--|---|
| <input type="checkbox"/> Some high school                            | <input type="checkbox"/> Bachelor degree      |
| <input type="checkbox"/> High school graduate/GED                    | <input type="checkbox"/> Graduate coursework  |
| <input type="checkbox"/> Some college                                | <input type="checkbox"/> Post graduate degree |
| <input type="checkbox"/> Associate degree/<br>Vocational certificate |   |

**9. Please list your credentials?** (Check all that apply)

- ☐ State credential (Please list):
- ☐ National credential (Please list):
- ☐ Not yet credentialed

**10. What is your gender?** (Check one answer)

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other gender

**11. What is your ethnicity?** (Check one answer)

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian/<br>Alaskan Native | <input type="checkbox"/> Native Hawaiian/<br>Other Pacific Islander |
| <input type="checkbox"/> Asian                              | <input type="checkbox"/> White                                      |
| <input type="checkbox"/> Black or African American          | <input type="checkbox"/> Other (Please list):                       |
| <input type="checkbox"/> Hispanic or Latino                 |   |

**12. Which state/territory is your primary place of residence?** (Please identify name of state/territory)

**13. Are you a Vocational Rehabilitation (VR) client?**

- ☐ Yes
- ☐ No