

# DOWN SYNDROME PACKET EVALUATION

We'd like to ask you how this packet has made a difference to you. Please tell us how strongly agree or disagree with each statement and if you have any comments you would like to share.  
 A "1" means....

**1= disagree strongly 2= disagree somewhat 3= neither agree or disagree 4= agree somewhat 5= agree strongly N/A= not applicable**

Resource Packet	This packet assisted me to better understand my child's special needs or disability	This packet assisted me to become more knowledgeable about options, programs, services or resources	This packet assisted me to feel better prepared (or more confident) to advocate for my child, my family, or myself	This packet assisted me to feel better prepared (or more confident) in my ability to work with professionals	This packet assisted me to feel less isolated, less stressed, and/or better prepared to solve problems	This packet assisted me to be more effective or more involved in my child's education.
	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A	1 2 3 4 5 N/A

**Comments:**

How easy was it to read? [on a scale of 1 to 5, 5 being best]: 1 2 3 4 5

Which articles were most helpful?

Any other items you would like to see?

10. Overall, how helpful was info you received?  very helpful  moderately helpful  slightly helpful  not helpful
11. Has the info you received enabled you to obtain at least some of the services you feel your child needs?  YES  NO  not applicable  
 Please explain:

12. Do you feel you could have received the assistance you needed if Support for Families /Open Gate had not been available?  
 YES  NO  not applicable

13. Did the information, education, or support you received make it more likely that special education issues can be resolved without having to go to a Fair Hearing?  
 YES  NO  not applicable If not, why not?

**Please mail or fax evaluation to: Support for Families of Children with Disabilities, 2601 Mission Street, #300, San Francisco, CA94110 or fax: 415.920.5099**