

**North Carolina Council on Developmental Disabilities (NCCDD)  
Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) Survey**

Welcome home! Please fill out this questionnaire and then complete your Rossi Fund Reimbursement Form. The information you provide will help us to improve the Jean Wolff-Rossi Fund for Participant Involvement process in the future.

Your name:

Name of event:

Date of event:

**1. Did this event improve your knowledge, networking, or skills to be a better self-advocate and/or to improve the lives of people with developmental disabilities?**

YES     MAYBE     NO

**2. Would you recommend this event to someone else?**

YES     MAYBE     NO

**3. What will you do with what you learned at this event?**

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**4. How did you find out about the Rossi Fund? (Check one)**

Brochure     NCCDD Website     Local Organization/Agency     Friend/Relative

Other:

**5. How can we make the Rossi Fund better?**

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**6. May we use your comments about the Rossi Fund in NCCDD publications or on the Council website?**

Yes     No

Thank you for filling out this survey on the Jean Wolff-Rossi Fund for Participant Involvement. If you would like to provide additional feedback, need assistance, or have questions about this survey please contact:

Rossi Fund Coordinator  
NC Council on Developmental Disabilities  
3125 Poplarwood Court, Suite 200  
Raleigh, NC 27604  
Email: [RossiFund@nccdd.org](mailto:RossiFund@nccdd.org)  
Phone: 1-800-357-6916 or 919-850-2901 Fax: 919-850-2915