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?
   ____________________________________________________________________________
   ____________________________________________________________________________

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?
   ____________________________________________________________________________

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:

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NC Council on Developmental Disabilities
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Email: RossiFund@nccdd.org
Phone: 1-800-357-6916 or 919-850-2901  Fax: 919-715-0325