

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

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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