

Franklin County Board of Developmental Disabilities Community Survey and Needs Assessment

Periodically, the Franklin County Board of Developmental Disabilities assesses community needs and services provided by the agency. Individuals who are served, families, staff, service providers, volunteers, advocates, collaborative agencies, and the public are encouraged to take a few minutes to complete and respond to this survey. Your response will assist the Board in its efforts to improve services and better meet needs. **Please complete the survey and return to Superintendent's Office FCBDD, 2879 Johnstown Road, Columbus, Ohio 43219, by January 1st.**

1. Please check as appropriate. (You may check more than one.)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Individual Receiving FCBDD Services <input type="checkbox"/> Individual Not Receiving FCBDD Services <input type="checkbox"/> Parent/Guardian/Family Member of Individual Receiving FCBDD Services <input type="checkbox"/> Parent/Guardian/Family Member of Individual Not Receiving FCBDD Services <input type="checkbox"/> Staff of FCBDD <input type="checkbox"/> Board Member <input type="checkbox"/> Staff Member of Collaborative Agency <input type="checkbox"/> Parent of Child Enrolled in Local School District | <ul style="list-style-type: none"> <input type="checkbox"/> News Media Professional <input type="checkbox"/> Volunteer <input type="checkbox"/> Community Member Not Receiving FCBDD Services <input type="checkbox"/> Advocate <input type="checkbox"/> Staff Member of Service Provider/Contract Agency <input type="checkbox"/> Staff of Franklin County School District <input type="checkbox"/> Elected Official <input type="checkbox"/> Member of Business Community <input type="checkbox"/> State Official <input type="checkbox"/> Other (Please List: _____) |
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2. Please check which services (if any) of the following you or your family member are receiving .

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood Education Services <input type="checkbox"/> School Services <input type="checkbox"/> Adult Services <input type="checkbox"/> Therapies <input type="checkbox"/> Psychology Services | <ul style="list-style-type: none"> <input type="checkbox"/> Family Resources / Respite <input type="checkbox"/> Residential / Supported Living Services <input type="checkbox"/> Service Coordination Services <input type="checkbox"/> Other (Please List: _____) |
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3. Please provide your satisfaction rating for the following categories by circling your choice.

FCBDD Services	Very Satisfied	Satisfied	Not Satisfied	Not Applicable
Early Childhood/Home Based	1	2	3	N/A
Schools	1	2	3	N/A
Transportation	1	2	3	N/A
Special Olympics / Recreation	1	2	3	N/A
Service Coordination	1	2	3	N/A
Other (Please List: _____)	1	2	3	N/A

Services Provided by Contract w/FCBDD	Very Satisfied	Satisfied	Not Satisfied	Not Applicable
ARC Industries Adult Services	1	2	3	N/A
ARC Industries Employment Services	1	2	3	N/A
Family Resources	1	2	3	N/A
Nisonger Early Childhood	1	2	3	N/A
Nisonger Dental	1	2	3	N/A
Nisonger Dual Diagnosis	1	2	3	N/A
Nationwide Children's Hospital	1	2	3	N/A
Childhood League Early Childhood	1	2	3	N/A
Easter Seals Early Childhood	1	2	3	N/A

Services Provided by Contract w/FCBDD	Very Satisfied	Satisfied	Not Satisfied	Not Applicable
Dahlberg Early Childhood	1	2	3	N/A
Goodwill / SAGE Senior Services	1	2	3	N/A
Goodwill / Young Adult Services	1	2	3	N/A
Goodwill / Work and Community Services	1	2	3	N/A
Epilepsy Foundation	1	2	3	N/A
Creative Housing	1	2	3	N/A
Supported Living Services	1	2	3	N/A
Other (Please List: _____)	1	2	3	N/A

4. Please provide your opinion of the following statements by circling your choice:

	Agree	Undecided	Disagree	N/A	
Overall, FCBDD is providing quality services to the community.	1	2	3	N/A	
FCBDD tax dollars are being spent wisely.	1	2	3	N/A	
Parents/Family Members of FCBDD participants are involved and supported.	1	2	3	N/A	
FCBDD collaborates well with other community organizations.	1	2	3	N/A	
Generally, FCBDD meets the needs of individuals in our community who have developmental disabilities.	1	2	3	N/A	
Participants have adequate choice in services offered.	1	2	3	N/A	
FCBDD staff treat participants, family members and public at large with courtesy and with respect:	Participants	1	2	3	N/A
	Family	1	2	3	N/A
	Public	1	2	3	N/A
FCBDD communicates well. ('NewsBits,' 'Dateline,' Annual Report, Social Media etc.)	1	2	3	N/A	
FCBDD prevention services, including early intervention, and public awareness are provided adequately.	1	2	3	N/A	
FCBDD supports efforts of individuals to advocate for themselves.	1	2	3	N/A	
FCBDD supports 'employment first' efforts.	1	2	3	N/A	
FCBDD has done a good job supporting individuals during the COVID-19 Pandemic.	1	2	3	N/A	

5. Please respond to the following questions, if applicable:

a. What are the strengths of FCBDD? _____

b. How can FCBDD improve? _____

c. If you or a family are not currently receiving FCBDD services, but anticipate need in the future, please indicate the service you will need and anticipated date: _____

6. If you would like more information regarding FCBDD or follow-up to questions, please indicate what you would like, and include your name, address and phone number: _____

Name: _____ Address: _____ Phone: _____

- If you do not currently receive the FCBDD newsletter - 'Dateline' or 'NewsBits', but would like to receive it, please check the box and include email address to receive electronically:
