

TEXOMA REAL CHOICE PROGRAM

POST SERVICE CONSUMER SURVEY

Name: _____

Date: _____

Check the area (s) in which you received program assistance:

- | | |
|---|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Advocacy Training |
| <input type="checkbox"/> Braille Training | <input type="checkbox"/> Advocacy Assistance |
| <input type="checkbox"/> Enlarging / Brailing | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Independent Living Skills Training | <input type="checkbox"/> Independent Living Services |
| <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Professional Counseling | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Social / Recreational | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Volunteer Assistance | <input type="checkbox"/> Other: _____ |
| | _____ |
| | _____ |
| | _____ |

Please mark an **Ax@** by the best answer that describes you, after receiving services from the Texoma Real Choice Program:

I feel more comfortable making decisions in my life. _____ Yes _____ No

I feel I have accepted my disability. _____ Yes _____ No

I feel I can better advocate for myself. _____ Yes _____ No

I am more aware of available community resources for people with disabilities. _____ Yes _____ No

I am happy with my level of independence. _____ Yes _____ No

I feel I have increased my skill level to live more independently by receiving this assistance. _____ Yes _____ No

Other comments: _____

Rev: 3/17/03 (CH)