

SAMPLE -

CLIENTS RIGHTS



California's protection & advocacy system
Serving Consumers of Redwood Coast Regional Center

Office of Clients' Rights Advocacy

427 F Street, Suite 232

Eureka, CA 95501

Tel: (707) 268-1388

TTY: (877) 669-6023

Toll Free: (800) 390-7032

Fax: (707) 268-0318

www.disabilityrightsca.org

TRAINING SURVEY

By completing this survey, you will help us serve you better.

TRAINER(S) NAME: Priscilla Ankrah

TITLE OF ACTIVITY/TRAINING: Clients' Rights Bingo

TRAINING LOCATION: TLC, Fort Bragg, CA

DATE OF ACTIVITY/TRAINING: June 24, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: Mike Price YES NO

2. Did the environment contribute to the learning experience?

Comments: _____ YES NO

3. Did you learn something from this training?

Comments: _____ YES NO

4. Was the speaker interesting?

YES

NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor

Fair

Good

Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor

Fair

Good

Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Clients' Rights Bingo
TRAINING LOCATION: TLC, Fort Bragg, CA
DATE OF ACTIVITY/TRAINING: June 24, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES

NO



Comments: _____

2. Did the environment contribute to the learning experience?

YES

NO



Comments: _____

3. Did you learn something from this training?

YES

NO



Comments: _____

4. Was the speaker interesting?

YES

NO

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor

Fair

Good

Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor

Fair

Good

Excellent

8. Other comments or suggestions:



**Disability
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California's protection and advocacy system

Office of Clients' Rights Advocacy
2421 Mendocino Ave., Suite 200D
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TRAINING SURVEY

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TRAINER(S) NAME: Yulahia Hernandez & Annie Breuer

TITLE OF ACTIVITY/TRAINING: Rights Bingo

TRAINING LOCATION: Dungarvin, Santa Rosa

DATE OF ACTIVITY/TRAINING: June 11, 2019

NAME OF PARTICIPANT (OPTIONAL): Victor Duran

1. Were your access needs met?

Yes No



(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience?

Yes No



Comments: _____

3. Did you learn something from this training?

Yes No



Comments: _____

4. Was the speaker interesting?

Yes No



Comments: _____

Very

5. How did this training meet your needs?

I Learned!

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:

THANKS For coming! Please come back!



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TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer
TITLE OF ACTIVITY/TRAINING: Rights Bingo
TRAINING LOCATION: Dungarvin, Santa Rosa
DATE OF ACTIVITY/TRAINING: June 11, 2019
NAME OF PARTICIPANT (OPTIONAL): [Signature]

1. Were your access needs met?

Yes No



(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience?

Yes No



Comments: _____

3. Did you learn something from this training?

Yes No



Comments: _____

4. Was the speaker interesting?

Yes No



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Rights Bingo

TRAINING LOCATION: Dungarvin, Santa Rosa

DATE OF ACTIVITY/TRAINING: June 11, 2019

NAME OF PARTICIPANT (OPTIONAL): Alan Wagner

1. Were your access needs met? Yes No

Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: yes

2. Did the environment contribute to the learning experience? Yes No

Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Yes No

Comments: yes

4. Was the speaker interesting? Yes No

Yes No

Comments: _____

5. How did this training meet your needs? yes

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions: None



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 TRAINING LOCATION: Dungarvin, Santa Rosa
 DATE OF ACTIVITY/TRAINING: June 11, 2019
 NAME OF PARTICIPANT (OPTIONAL): F. SINE

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1. Were your access needs met? Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Comments: F. SINE

3. Did you learn something from this training? Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Comments: F. SINE

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
 Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
 Poor Fair Good Excellent

8. Other Comments or suggestions:



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 TRAINING LOCATION: Dungarvin, Santa Rosa
 DATE OF ACTIVITY/TRAINING: June 11, 2019
 NAME OF PARTICIPANT (OPTIONAL): Jennifer dougan



1. Were your access needs met? Yes No

Yes No
 

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Yes No
 



Comments: _____

3. Did you learn something from this training? Yes No

Yes No
 

Comments: _____

4. Was the speaker interesting? Yes No

Yes No
 

Comments: _____

5. How did this training meet your needs?

They gave me prizes

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Rights Bingo

TRAINING LOCATION: Dungarvin, Santa Rosa

DATE OF ACTIVITY/TRAINING: June 11, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience?

Yes No

Comments: _____

3. Did you learn something from this training?

Yes No

Comments: _____

4. Was the speaker interesting?

Yes No

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:



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Angelina Rios
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TRAINER(S) NAME: *Angelina Rios* Yulahlia Hernandez & Annie Breuer

TITLE OF ACTIVITY/TRAINING: Rights Bingo

TRAINING LOCATION: Dungarvin, Santa Rosa

DATE OF ACTIVITY/TRAINING: June 11, 2019

NAME OF PARTICIPANT (OPTIONAL): *Angelina Rios*

1. Were your access needs met?

Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: *YES IT WAS*

2. Did the environment contribute to the learning experience?

Yes No

Comments: *YES IT WAS*

3. Did you learn something from this training?

Yes No

Comments: *YES I DID*

4. Was the speaker interesting?

Yes No

Comments: *YES SHE WAS*

5. How did this training meet your needs?

they gave me prizes when I won black out

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:

everything was awesome



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California's protection & advocacy system

Peer Advocate

Scott.Barron@disabilityrightsca.org

Serving Regional Center Consumers of Southern California

www.disabilityrightsca.org

Training Survey

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TRAINER(S) NAME: Scott Barron

TITLE OF ACTIVITY/TRAINING: Clients' Right Bingo

TRAINING LOCATION: Cultural Arts Center

DATE OF ACTIVITY/TRAINING: 5/20/2019

NAME OF PARTICIPANT (OPTIONAL):

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO
Comments:

2. Did the environment contribute to the learning experience? YES NO
Comments:

3. Did you learn something from this training? YES NO
Comments:

4. Was the speaker interesting? YES NO
Comments:

5. How did this training meet your needs? ?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

I think he should discuss the Naggette thing as well as the Pudding



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TRAINING LOCATION: Cultural Arts Center

DATE OF ACTIVITY/TRAINING: 5/20/2019

NAME OF PARTICIPANT (OPTIONAL):

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO
Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

Awesome

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

Talked To Job Coach Supervisor



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(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO
Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

V

6. How would you rate the quality of the presentation?
Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINING LOCATION: Cultural Arts Center

DATE OF ACTIVITY/TRAINING: 5/20/2019

NAME OF PARTICIPANT (OPTIONAL):

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO
Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?
NOT SURE

6. How would you rate the quality of the presentation?
Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
Poor Fair Good Excellent

8. Other comments or suggestions:

I ENJOY meeting
I ENJOY meeting I enjoy the things they should
I have to come back



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TRAINING LOCATION: Cultural Arts Center

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(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)
Comments: YES NO
2. Did the environment contribute to the learning experience?
Comments: YES NO
3. Did you learn something from this training?
Comments: YES NO
4. Was the speaker interesting?
Comments: YES NO
5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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3. Did you learn something from this training?
Comments: YES NO
4. Was the speaker interesting?
Comments: YES NO
5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
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8. Other comments or suggestions:



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Comments: YES NO
2. Did the environment contribute to the learning experience?
Comments: YES NO
3. Did you learn something from this training?
Comments: YES NO
4. Was the speaker interesting?
Comments: YES NO
5. How did this training meet your needs?

Very EASY to understand
ABOUT DISABILITY

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

6. How would you rate the quality of the presentation?
Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
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Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

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Comments:
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Comments:
4. Was the speaker interesting? YES NO
Comments:
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6. How would you rate the quality of the presentation?

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DATE OF ACTIVITY/TRAINING: 5/20/2019

NAME OF PARTICIPANT (OPTIONAL):

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.) YES NO
Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs? good

6. How would you rate the quality of the presentation?
Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
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(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)
Comments: YES NO
2. Did the environment contribute to the learning experience?
Comments: YES NO
3. Did you learn something from this training?
Comments: YES NO
4. Was the speaker interesting?
Comments: YES NO
5. How did this training meet your needs?

Helps me understand for
the rights for disability



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California's protection and advocacy system

TRAINING SURVEY

By filling this survey, you will help us serve you better.

TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer
 TITLE OF ACTIVITY/TRAINING: Rights Bingo
 TRAINING LOCATION: Dungarvin, Santa Rosa
 DATE OF ACTIVITY/TRAINING: June 13, 2019
 NAME OF PARTICIPANT (OPTIONAL): Joe

1. Were your access needs met? Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
 Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
 Poor Fair Good Excellent

8. Other Comments or suggestions:



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TRAINING SURVEY

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TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer
TITLE OF ACTIVITY/TRAINING: Rights Bingo
TRAINING LOCATION: Dungarvin, Santa Rosa
DATE OF ACTIVITY/TRAINING: June 13, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met? Yes No

Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Yes No

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:



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TRAINING SURVEY

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TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer
TITLE OF ACTIVITY/TRAINING: Rights Bingo
TRAINING LOCATION: Dungarvin, Santa Rosa
DATE OF ACTIVITY/TRAINING: June 13, 2019
NAME OF PARTICIPANT (OPTIONAL): ALAN K

1. Were your access needs met? Yes No
[Smiley face] [Sad face]

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No
[Smiley face] [Sad face]

Comments: _____

3. Did you learn something from this training? Yes No
[Smiley face] [Sad face]

Comments: _____

4. Was the speaker interesting? Yes No
[Smiley face] [Sad face]

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

- Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

- Poor Fair Good Excellent

8. Other Comments or suggestions:



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 TITLE OF ACTIVITY/TRAINING: Rights Bingo
 TRAINING LOCATION: Dungarvin, Santa Rosa
 DATE OF ACTIVITY/TRAINING: June 13, 2019
 NAME OF PARTICIPANT (OPTIONAL): tony

1. Were your access needs met? Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
 Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
 Poor Fair Good Excellent

8. Other Comments or suggestions:

20190613



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TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer
 TITLE OF ACTIVITY/TRAINING: Rights Bingo
 TRAINING LOCATION: Dungarvin, Santa Rosa
 DATE OF ACTIVITY/TRAINING: June 13, 2019
 NAME OF PARTICIPANT (OPTIONAL): LUZ FLORES

1. Were your access needs met? Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
 Poor Fair Good Excellent *very!*

7. Overall, how would you rate the usefulness of this training/presentation?
 Poor Fair Good Excellent *yes!*

8. Other Comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Rights Bingo
TRAINING LOCATION: Dungarvin, Santa Rosa
DATE OF ACTIVITY/TRAINING: June 13, 2019
NAME OF PARTICIPANT (OPTIONAL): ~~_____~~

1. Were your access needs met? Yes No

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No

Comments: _____

3. Did you learn something from this training? Yes No

Comments: _____

4. Was the speaker interesting? Yes No

Comments: _____

5. How did this training meet your needs?

cop

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other Comments or suggestions:

05
36
20
32
37
40



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TITLE OF ACTIVITY/TRAINING: Rights Bingo

TRAINING LOCATION: Dungarvin, Santa Rosa

DATE OF ACTIVITY/TRAINING: June 13, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met? Yes No
☺ ☹

(Getting into the Building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: _____

2. Did the environment contribute to the learning experience? Yes No
☺ ☹

Comments: _____

3. Did you learn something from this training? Yes No
☺ ☹

Comments: _____

4. Was the speaker interesting? Yes No
☺ ☹

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?
 Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?
 Poor Fair Good Excellent

8. Other Comments or suggestions:

SAMPLE –

**EMERGENCY
PREPAREDNESS**



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate
TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO
 

Comments: _____

2. Did the environment contribute to the learning experience?

YES NO
 

Comments: _____

3. Did you learn something from this training?

YES NO
 

Comments: _____

4. Was the speaker interesting?

YES NO
 

Comments: _____

5. How did this training meet your needs?

It was a great training

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): Cherry Taylor

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments: _____

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training? YES NO

Comments: _____

4. Was the speaker interesting? YES NO

Comments: _____

5. How did this training meet your needs?

I learned something new.

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate
TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

Comments: It was very INTERESTING YES NO

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training? YES NO

Comments: Good Reviewing

4. Was the speaker interesting? YES NO

Comments: She was nice

5. How did this training meet your needs?

It was a good
experience

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

They listened to our comments
and questions and were
appreciative of our comments.

Thank you so much
for this.



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience?

YES



NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?

YES



NO



Comments: _____

5. How did this training meet your needs?

It make me remember what to do in an
Emergency

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments: _____

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training? YES NO

Comments: _____

4. Was the speaker interesting? YES NO

Comments: _____

5. How did this training meet your needs?

I learned that about everything they said of safety.

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

very good at the presentation :)



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES
☺

NO
☹

Comments: _____

2. Did the environment contribute to the learning experience? YES

☺

NO
☹

Comments: _____

3. Did you learn something from this training?

YES
☺

NO
☹

Comments: _____

4. Was the speaker interesting?

YES
☺

NO
☹

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience? YES



NO



Comments: _____

3. Did you learn something from this training?

~~YES~~



NO



Comments: _____

4. Was the speaker interesting?

~~YES~~



NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES


NO


Comments: _____

2. Did the environment contribute to the learning experience?

YES


NO


Comments: _____

3. Did you learn something from this training?

YES


NO


Comments: _____

4. Was the speaker interesting?

YES


NO


Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINING SURVEY

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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate
TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience? YES NO



Comments: _____

3. Did you learn something from this training? YES NO



Comments: _____

4. Was the speaker interesting? YES NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience?

YES



NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?

YES



NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): A Carter

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES
☺

NO
☹

Comments: _____

2. Did the environment contribute to the learning experience? YES

YES
☺

NO
☹

Comments: _____

3. Did you learn something from this training? YES

YES
☺

NO
☹

Comments: _____

4. Was the speaker interesting? YES

YES
☺

NO
☹

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

ADDIRES

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES

NO



Comments: _____

AND

2. Did the environment contribute to the learning experience?

YES

NO



Comments: _____

3. Did you learn something from this training?

YES

NO



Comments: _____

4. Was the speaker interesting?

YES

NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): Donald

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments: _____

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training? YES NO

Comments: _____

4. Was the speaker interesting? YES NO

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience? YES



NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?



NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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Fax: (909) 595-4855

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TRAINING SURVEY

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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate
TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency Preparedness
DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments: _____

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training? YES NO

Comments: _____

4. Was the speaker interesting? YES NO

Comments: _____

5. How did this training meet your needs?

it very good

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): _____

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience?

YES



NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?

YES



NO



Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergency

Preparedness

DATE OF ACTIVITY/TRAINING: May 22, 2019

NAME OF PARTICIPANT (OPTIONAL): Lisa Paul

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES



NO



Comments: _____

2. Did the environment contribute to the learning experience?

YES



NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?

YES



NO



Comments: _____

5. How did this training meet your needs?

GAVE ME INFO

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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DATE OF ACTIVITY/TRAINING: May 22, 2019
NAME OF PARTICIPANT (OPTIONAL): Alex ETCu

1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES

NO

Comments: _____

2. Did the environment contribute to the learning experience?

YES

NO

Comments: _____

3. Did you learn something from this training?

YES

NO

Comments: _____

4. Was the speaker interesting?

YES

NO

Comments: _____

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NAME OF PARTICIPANT (OPTIONAL): _____

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YES

NO



Comments: _____

2. Did the environment contribute to the learning experience? YES

NO



Comments: _____

3. Did you learn something from this training?

YES

NO



Comments: _____

4. Was the speaker interesting?

YES

NO



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YES NO
☺ ☹

Comments: _____

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YES NO
☺ ☹

Comments: _____

3. Did you learn something from this training?

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☺ ☹

Comments: _____

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☺ ☹

Comments: _____

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NO



Comments: _____

3. Did you learn something from this training?

YES



NO



Comments: _____

4. Was the speaker interesting?

YES



NO



Comments: _____

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☺ ☹

Comments: _____

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☺ ☹

Comments: _____

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☺ ☹

Comments: _____

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☺ ☹

Comments: _____

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(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES


NO


Comments: _____

2. Did the environment contribute to the learning experience? YES NO





Comments: _____

3. Did you learn something from this training?

YES


NO


Comments: _____

4. Was the speaker interesting?

YES


NO


Comments: _____

5. How did this training meet your needs?

safety!

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

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1. Were your access needs met?
(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments: _____

2. Did the environment contribute to the learning experience? YES NO

Comments: _____

3. Did you learn something from this training?

YES NO

Comments: _____

4. Was the speaker interesting?

YES NO

Comments: _____

5. How did this training meet your needs?

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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TRAINING SURVEY

Title of Training:

Emergency Preparedness, Health Summit Youth Track

Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate

Date(s) of Training: March 11, 2019

We hope you enjoyed this training. Please tell us if the training helped you.

- | | | | |
|----|--|----------------------------------|----------------------------------|
| 1. | I learned something from this training. | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. | The trainer did a good job. | <input checked="" type="radio"/> | <input type="radio"/> |
| 3. | I would like another training like this one. | <input type="radio"/> | <input checked="" type="radio"/> |
| 4. | I liked where the training was held. | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. | I will use the things I learned today. | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. | My questions were answered. | <input checked="" type="radio"/> | <input type="radio"/> |

Other things I want to tell you:

I heard about this training from: Friend Consumer
 Regional Center People First Other _____

Thank you for filling this form out and giving the form back! It is important for all of us!



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TRAINING SURVEY

Title of Training:

Emergency Preparedness, Health Summit Youth Track

Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate

Date(s) of Training: March 11, 2019

We hope you enjoyed this training. Please tell us if the training helped you.

1. I learned something from this training.
2. The trainer did a good job.
3. I would like another training like this one.
4. I liked where the training was held.
5. I will use the things I learned today.
6. My questions were answered.

Other things I want to tell you:

I heard about this training from: Friend Consumer
 Regional Center People First Other MoM

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Sebastian

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Other things I want to tell you:

I heard about this training from: Friend Consumer
 Regional Center People First Other

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TRAINING SURVEY







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Other things I want to tell you:

Great job.

I heard about this training from: Friend Consumer
 Regional Center People First Other MOM

Thank you for filling this form out and giving the form back! It is important for all of us!



Sasha E. Fivan

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Other things I want to tell you:

(handwritten scribble)

I heard about this training from: Friend Consumer
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TTY: (877) 669-6023
Toll Free: (800) 390-7032
Fax: (916) 504-5821

Serving Consumers of
Alta California Regional Center

www.disabilityrightsca.org

TRAINING SURVEY

Title of Training:

Voting Rights, Health Summit Youth Track

Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate

Date(s) of Training: March 11, 2019

We hope you enjoyed this training. Please tell us if the training helped you.

- 1. I learned something from this training.
- 2. The trainer did a good job.
- 3. I would like another training like this one.
- 4. I liked where the training was held.
- 5. I will use the things I learned today.
- 6. My questions were answered.

Other things I want to tell you:

I heard about this training from: Friend Consumer
 Regional Center People First Other _____

Thank you for filling this form out and giving the form back! It is important for all of us!



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Other things I want to tell you:

Thank you for teaching me about my voting rights

I heard about this training from: Friend Consumer
 Regional Center People First Other mother

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SAMPLE –

LIVING OPTIONS



Disability
Rights
California

California's protection & advocacy system

Peer Advocate

Scott.Barron@disabilityrightsca.org

Serving Regional Center Consumers of Southern California

www.disabilityrightsca.org

Office of Clients' Rights Advocacy

17215 Studebaker Road, Suite 195

Cerritos, CA 90703

Tel: (213) 213-8178

TTY: (877) 669-6023

Toll Free: (866) 833-6712

Fax: (213) 213-8021

Training Survey

By filling this survey, you will help us serve you better.

TRAINER(S) NAME: Scott Barron

TITLE OF ACTIVITY/TRAINING: Living Options

TRAINING LOCATION: Sunny Hills High School

DATE OF ACTIVITY/TRAINING: 6/17/19

NAME OF PARTICIPANT (OPTIONAL):

1. Were your access needs met?

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

YES NO

Comments:

2. Did the environment contribute to the learning experience?

YES NO

Comments:

3. Did you learn something from this training?

YES NO

Comments:

4. Was the speaker interesting?

YES NO

Comments:

5. How did this training meet your needs?

help realise that I want to
change my living situation

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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Comments:
2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

I was think about live client

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

You learn about where to live

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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2. Did the environment contribute to the learning experience? YES NO
Comments:
3. Did you learn something from this training? YES NO
Comments:
4. Was the speaker interesting? YES NO
Comments:
5. How did this training meet your needs?

I liked thinking and talking about living options.

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:



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Comments:

2. Did the environment contribute to the learning experience?

YES NO

Comments:

3. Did you learn something from this training?

YES NO

Comments:

4. Was the speaker interesting?

YES NO

Comments:

5. How did this training meet your needs?

I WENT HOME

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

NO



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YES NO

Comments:

4. Was the speaker interesting?

YES NO

Comments:

5. How did this training meet your needs?

good

6. How would you rate the quality of the presentation?

Poor Fair Good Excellent

7. Overall, how would you rate the usefulness of this training/presentation?

Poor Fair Good Excellent

8. Other comments or suggestions:

I Really like training,