# SAMPLE -

## **CLIENTS RIGHTS**



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

TRAINER(S) NAME: Priscilla Ankrah

#### 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.

TITLE OF ACTIVITY/TRAINING: Clients' Rights Bingo TRAINING LOCATION: TLC, Fort Bragg, CA DATE OF ACTIVITY/TRAINING: June 24, 2019 NAME OF PARTICIPANT (OPTIONAL):							
Were your access needs met?  (Getting into the building, was the training room comfort to get into the bathroom, was the information provided has been accessed.)	able, were elpful, etc.	you able )					
Mited brico	YES	NO ⊗					
Comments: Mike price		<b>V</b>					
2. Did the environment contribute to the learning experience?							
	YES	NO					
Comments:	© 	⊗ 					
3. Did you learn something from this training?							
	YES	NO					
Comments:	©	8					

4. Was the speake	er interesting?			
•			YES	NO
			<b>©</b>	8
Comments:		185 ()		
5. How did this tra	ining meet your r	needs?		
6. How would you	rate the quality o	f the presentation	on?	
☐ Poor	☐ Fair	☐ Good	☐ Excellent	
7. Overall, how wo	=	usefulness of th □ Good	<u> </u>	ntation?
8. Other comment	s or suggestions:			
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Were your access needs met?  (Getting into the building, was the training room comfort to get into the bathroom, was the information provided here.)	able, were	you able
	YES	NO
	<b>Ø</b>	8
Comments:	•	
2. Did the environment contribute to the learning experie		
	YES	NO
Comments:	<b>Ø</b>	8
3. Did you learn something from this training?		
	YES	NO
Comments:	<b>双</b>	8

4. Was the speaker interesting?				
			YES	NO
Comments:			<b>Ø</b> -	8
Comments.				
5. How did this trai	ning meet your r	needs?		
			A 1995 (CAPANIA)	
6. How would you	rate the quality o	of the presentation	on?	
□ Poor	□ Fair	☐ Good	☑ Excellent	
7. Overall, how wo	uld you rate the	usefulness of th	is training/prese	ntation?
□ Poor	•	Good □		illation:
8. Other comments	or suggestions:	•		
		سو		



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

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#### TRAINING SURVEY

11/2/31/4619	> OO114 E 1	
By filling this survey, you was TRAINER(S) NAME: TITLE OF ACTIVITY/TRAINING: Rights E Dungary DATE OF ACTIVITY/TRAINING: Dungary DATE OF ACTIVITY/TRAINING: June 11: NAME OF PARTICIPANT (OPTIONAL): 1. Were your access needs met?	Hernandez & Annie Breuer Bingo vin, Santa Rosa , 2019 Victor Duran	
(Getting into the Building, was the training r the bathroom, was the information prov Comments:	room comfortable, were you vided helpful, etc.)	<b>8</b>
Did the environment contribute to the lea  Comments:	<b>X</b>	<b>No</b> ⊗
Did you learn something from this training  Comments:		No %
4. Was the speaker interesting?  Comments:		No ⊗ 
5. How did this training meet your needs?	wed!	
7. Overall, how would you rate the usefulne ☐ Poor ☐ Fair ☐ Good ☑ 8. Other Comments or suggestions:	Excellent	:ion? /



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#### TRAINING SURVEY

TRAINING OBITYET
TRAINER(S) NAME:  TITLE OF ACTIVITY/TRAINING:  TRAINING LOCATION:  DATE OF ACTIVITY/TRAINING:  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:
2. Did the environment contribute to the learning experience?
Comments:
3. Did you learn something from this training?  Comments:
4. Was the speaker interesting?  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			
By filling this survey, you will help us serve	you be	tter.	
TRAINER(S) NAME: Yulahlia Hernandez & Anni	-		
TITLE OF ACTIVITY/TRAINING: Rights Bingo			ž
TRAINING LOCATION: Dungarvin, Santa Rosa			
DATE OF ACTIVITY/TRAINING: June 11, 2019			به می داده
NAME OF PARTICIPANT (OPTIONAL): A 1 9 1 9 1	1161		38
Were your access needs met?	Yes	No	
	<b>((3)</b>	8	15
(Getting into the Building, was the training room comfortable, v	were yo	ou able	to get into
the bathroom, was the information provided helpful, etc.)			
Comments: 445			
			SS . 20
2. Did the environment contribute to the learning experience?	Xes	No	
O	(9)	8	- •
Comments:			*
2 Did you loarn compthing from this training?	Voc	Nic	
3. Did you learn something from this training?	Yes	No ⊗	"a
Comments: 9	9	O	 
Comments. of [			₹ <sub>a</sub> ï
4. Was the speaker interesting?	Yes	No	
, trae are operator intercenting.		8	
Comments:	9	•	
		***	
5. How did this training meet your needs?			
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V			5
			1.2
6. How would you rate the quality of the presentation?			Ę.,
☐ Poor ☐ Fair ☐ Good 🕏 Excellent			
7. Overall, how would you rate the usefulness of this training/p	present	ation?	
☐ Poor ☐ Fair ☐ Good ☐ Excellent			
8. Other Comments or suggestions:			



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#### TRAINING SURVEY

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	ey, you will help us serve y			
TRAINER(S) NAME:	Yulahlia Hernandez & Annie	Breu	<u>er</u>	ره اور پوشور
TITLE OF ACTIVITY/TRAINING:				211 341
	Dungarvin, Santa Rosa			345 253
DATE OF ACTIVITY/TRAINING:	The state of the s			7.3 7.3
NAME OF PARTICIPANT (OPTIO	NAL): +51116			23 32 32 37
1. Were your access needs met?	G	Yes	No ⊗	3.7
(Getting into the Building, was the the bathroom, was the information Comments:		ere yo	ou able	to get into
2. Did the environment contribute t		Yes		
Comments: 75548+0+	6478701			
3. Did you learn something from th	_	Yes	No ⊗	0 41 559 7
Comments:			Y.	
4. Was the speaker interesting?	ISM C+	Yes ©	No ⊗	n.
Comments:	2010101			•
5. How did this training meet your	needs?			
6. How would you rate the quality of Poor	ood □ Excellent usefulness of this training/pr ood ൌ□ Excellent	resenta	ation?	



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#### TRAINING SUBVEY

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the bathroom, was the information provided helpful, etc.)	_
Comments:	
2. Did the environment contribute to the learning experience? Yes No © ®	
Comments.	ij.
3. Did you learn something from this training?	
Comments:	-
4. Was the speaker interesting?  Comments:	
Johnnesta	
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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#### 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 11, 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:
2. Did the environment contribute to the learning experience? Yes No
Comments:
2. Did you to own consething from their training?
3. Did you learn something from this training?  Yes 'No  ®
Comments:
4. Was the speaker interesting?
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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TRAINER(S) NAME: WOOD Yulahlia Hernandez & Annie Breuer	9
TITLE OF ACTIVITY/TRAINING: Rights Bingo	
TRAINING LOCATION: Dungarvin, Santa Rosa	, 11
DATE OF ACTIVITY/TRAINING: June 11, 2019	
NAME OF PARTICIPANT (OPTIONAL): (D) QQLING (H)	
1. Were your access needs met? Yes No	<u>م</u> يو. يو.
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(Getting into the Building, was the training room comfortable, were you able	e to get into
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Comments: 1000 + 1000	
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2. Did the environment contribute to the learning experience? Yes No	
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Comments: 11 Comments:	8
Comments.	
3. Did you learn something from this training? Yes No	A be
or Bid you round something from this training:	, .
Comments: QV T & ld	
	* *
4. Was the speaker interesting? Yes No	
· los sis specific interesting:	
Comments: LQS: ShQ QXX	
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5. How did this training meet your needs?	
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T (D) OD CIOTOLE MICH	L
TOWN DICKEROUS	-
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	
O Other Comments on average in a	
o. Other Comments of suggestions: OS COLOS COMO	
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Peer Advocate

Scott.Barron@disabilityrightsca.org Serving Regional Center Consumers of Southern California

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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: Clients' Right Bingo

TRAINING LOCATION: Cultural Arts Center DATE OF ACTIVITY/TRAINING: 5/20/2019 NAME OF PARTICIPANT (OPTIONAL):

Amon.	Were your access needs met? (Getting into the building, was the training roo you able to get into the bathroom, was the info helpful, etc.) Comments:	ormati	mfortabl ion prov □ NO	rided
2.	Did the environment contribute to the learning	expe	rience?	
	Comments:	YES	□NO	Þ
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?	1		

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 shoot duske the haggte thing as will as the pusheture



TRAINER(S) NAME: Scott Barron

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TRA DAT	LE OF ACTIVITY/TRAINING: Clients' Right Bing INING LOCATION: Cultural Arts Center E OF ACTIVITY/TRAINING: 5/20/2019 IE OF PARTICIPANT (OPTIONAL):	go
1.	Were your access needs met? (Getting into the building, was the training room you able to get into the bathroom, was the informal helpful, etc.) Comments:	m comfortable, were ormation provided YES □ NO
2.	Did the environment contribute to the learning Comments:	experience? YES ☑ NO □
3.	Did you learn something from this training? Comments:	YES WNO 🗆

5. How did this training meet your needs?

4. Was the speaker interesting?

Comments:

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:  Salhee La Job Coach Supervisor



TRAINER(S) NAME: Scott Barron

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TITLE OF ACTIVITY/TRAINING: (TRAINING LOCATION: Cultural ADATE OF ACTIVITY/TRAINING: 5 NAME OF PARTICIPANT (OPTIO	orts Center 5/20/2019
1. Were your access needs med (Getting into the building, was you able to get into the bathro helpful, etc.)	t? s the training room comfortable, were oom, was the information provided YES ☑ NO □

2. Did the environment contribute to the learning experience?

YES NO D

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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5. How did this training meet your needs?

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1.	Were your access needs met? (Getting into the building, was the training root you able to get into the bathroom, was the information helpful, etc.) Comments:	ormati	nfortab on pro NO	vided
2.	Did the environment contribute to the learning	expe	rience?	>
	Comments:		⊠ NO	
3.	Did you learn something from this training? Comments:	YES	M NO	
4.	Was the speaker interesting? Comments:	YES	⊠ NO	

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 En Jer Meeting  Ten Jor Billyo I try The Think Thy Shoul  I Have He Come Pour

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TRAINER(S) NAME: Scott Barron

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Scott.Barron@disabilityrightsca.org
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5. How did this training meet your needs?

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TITLE OF ACTIVITY/TRAINING: Clients' Right Bingo TRAINING LOCATION: Cultural Arts Center **DATE OF ACTIVITY/TRAINING: 5/20/2019** NAME OF PARTICIPANT (OPTIONAL): 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 D Comments: 3. Did you learn something from this training? Comments: 4. Was the speaker interesting? Comments:

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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TRAINING LOCATION: Cultural Arts Center DATE OF ACTIVITY/TRAINING: 5/20/2019 NAME OF PARTICIPANT (OPTIONAL):

T	Were your access needs met? (Getting into the building, was the training root you able to get into the bathroom, was the information helpful, etc.) Comments:	m comfortable, were ormation provided YES ☑ NO □
2.	Did the environment contribute to the learning	experience?
	Comments:	AES KÍ NO LI
3.	Did you learn something from this training? Comments:	YES NO [
4.	Was the speaker interesting?	YES ANO D

5. How did this training meet your needs?

Comments:

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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1.	Were your access needs met? (Getting into the building, was the training roo you able to get into the bathroom, was the info helpful, etc.) Comments:	m comfortable, were ormation provided YES ₩ NO □
2.	Did the environment contribute to the learning Comments:	experience? YES A NO
3.	Did you learn something from this training? Comments:	YES XNO [
4.	Was the speaker interesting? Comments:	YES NO D
5.	How did this training meet your needs?	ia . M

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?  Poor   Fair   Good   Excellent
8.	Other comments or suggestions:



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YES XO NO O

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1.	Were your access needs met? (Getting into the building, was the training root you able to get into the bathroom, was the information helpful, etc.) Comments:	m comfortable, were ormation provided YES ☑ NO □
2.	Did the environment contribute to the learning	
	Comments:	YES INO [
3.	Did you learn something from this training? Comments:	YES NO 🗆

5. How did this training meet your needs?

4. Was the speaker interesting?

Comments:

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: 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):

5. How did this training meet your needs?

1.	Were your access needs met? (Getting into the building, was the training roo you able to get into the bathroom, was the info helpful, etc.) Comments:	ormati	nfortabl on prov 🗓 NO	rided	
2.	Did the environment contribute to the learning				
	Comments:	YES	A NO		
3.	Did you learn something from this training? Comments:	YES	X NO		
4.	Was the speaker interesting? Comments:	YES	NO K		

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' Right Bingo

5. How did this training meet your needs?

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D,	AT	E OF PARTICIPANT (OPTIONAL):	
	1.	Were your access needs met? (Getting into the building, was the training room you able to get into the bathroom, was the information helpful, etc.) Comments:	m comfortable, were ormation provided YES ☑ NO □
	2.	Did the environment contribute to the learning Comments:	experience? YES ☑ NO □
	3.	Did you learn something from this training? Comments:	YES ZNO 🗆
	4.	Was the speaker interesting? Comments:	YES NO D

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:

\*



TRAINER(S) NAME: Scott Barron

Peer Advocate
Scott.Barron@disabilityrightsca.org
Serving Regional Center Consumers of Southern California
www.disabiltyrightsca.org

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Cerritos, CA 90703

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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.

TRA DAT	INING LOCATION: Cultural Arts Center  E OF ACTIVITY/TRAINING: Clients' Right Bin  INING LOCATION: Cultural Arts Center  E OF ACTIVITY/TRAINING: 5/20/2019  IE OF PARTICIPANT (OPTIONAL):	igo ,
1.	Were your access needs met? (Getting into the building, was the training roo you able to get into the bathroom, was the infehelpful, etc.) Comments:	m comfortable, were ormation provided YES ズ NO □
2.	Did the environment contribute to the learning	
	Comments:	YES MO [
3,	Did you learn something from this training? Comments:	YES ANO [
4.	Was the speaker interesting? Comments:	YES PNO [
5,	How did this training meet your needs?	
	Helps Me UNDERSTANS the RIGHTS FOR	) FOR
	the RIGHTS For	Disability



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Fax: (707) 255-1567
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#### TRAINING SURVEY

TRAINER(S) NAME:  TITLE OF ACTIVITY/TRAINING:  DATE OF ACTIVITY/TRAINING:  DATE OF ACTIVITY/TRAINING:  DATE OF ACTIVITY/TRAINING:  DATE OF ACTIVITY/TRAINING:  NAME OF PARTICIPANT (OPTIONAL):  JOE	ou be	etter. uer	**************************************
Were your access needs met?		No ⊗	
(Getting into the Building, was the training room comfortable, we the bathroom, was the information provided helpful, etc.)  Comments:	ere y	ou able	to get into
Did the environment contribute to the learning experience?  Comments:	Yes	No ®	k -,
3. Did you learn something from this training?  Comments:	Yes	No ⊗	20
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/pre ☐ Poor ☐ Fair ☐ Good ☒ Excellent  8. Other Comments or suggestions:			2 as



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TRAINING SURVET					
By filling this survey, you will help us serve you better.					
TRAINER(S) NAME:	Yulahlia Hernandez & Annie	Breu	<u>er</u>	* * * 	
TITLE OF ACTIVITY/TRAINING:				7	
	Dungarvin, Santa Rosa			i.	
DATE OF ACTIVITY/TRAINING:	June 13, 2019			74 73	
NAME OF PARTICIPANT (OPTIO					
1. Were your access needs met?		Yes	No	•	
•		$\odot$	DE_		
(Getting into the Building, was the the bathroom, was the information Comments:	ation provided helpful, etc.)	ere yo	ou able	to get into	
2. Did the environment contribute t	to the learning experience?	Yes	No ⊗	*;	
Comments:		<del>-</del>		**	
3. Did you learn something from th	is training?	Yes	No ⊗	8	
Comments:		estilia.	411		
4. Was the speaker interesting?  Yes No					
Comments:				-	
6. How would you rate the quality	ood 为Excellent usefulness of this training/pr ood □ Excellent				



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TRAINING SURVEY  By filling this survey, you will help us serve y TRAINER(S) NAME:  TITLE OF ACTIVITY/TRAINING: TRAINING LOCATION:  Dungarvin, Santa Rosa DATE OF ACTIVITY/TRAINING:  NAME OF PARTICIPANT (OPTIONAL):	,			
1. Were your access needs met?	Yes	No ⊗		· ·
(Getting into the Building, was the training room comfortable, was the bathroom, was the information provided helpful, etc.)  Comments:	vere yo	ou able	to get into	0
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?  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/p☐ Poor ☐ Fair ☐ Good ☐ Excellent 8. Other Comments or suggestions:	resent	ation?		



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#### TRAINING SURVEY

By filling this survey, you will help us serve y TRAINER(S) NAME:  TITLE OF ACTIVITY/TRAINING:  TRAINING LOCATION:  DATE OF ACTIVITY/TRAINING:  Dungarvin, Santa Rosa  DATE OF ACTIVITY/TRAINING:  June 13, 2019  NAME OF PARTICIPANT (OPTIONAL):  1. Were your access needs met?  (Getting into the Building, was the training room comfortable, we the bathroom, was the information provided helpful, etc.)  Comments:	Yes-	er No	to
2. Did the environment contribute to the learning experience?	Yes	No ⊗	
Comments:  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/pr☐ Poor ☐ Fair ☐ Good ☐ Excellent  8. Other Comments or suggestions:	resent	ation?	



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#### TRAINING SURVEY

By filling this survey, you will help us serve you better.  TRAINER(S) NAME:  TITLE OF ACTIVITY/TRAINING:  TRAINING LOCATION:  Dungarvin, Santa Rosa  DATE OF ACTIVITY/TRAINING:  NAME OF PARTICIPANT (OPTIONAL):  1. Were your access needs met?  You will help us serve you better.  Yulahlia Hernandez & Annie Breuer  Rights Bingo  Dungarvin, Santa Rosa  June 13, 2019  Yes No	
(Getting into the Building, was the training room comfortable, were you able to get in the bathroom, was the information provided helpful, etc.)  Comments:	to
2. Did the environment contribute to the learning experience? Yes No	
Comments:	
3. Did you learn something from this training?  Comments:	
4. Was the speaker interesting?  Comments:	
5. How did this training meet your needs?	8.4
6. How would you rate the quality of the presentation?  ☐ Poor ☐ Fair ☐ Good ☒ Excellent Vol.  7. Overall, how would you rate the usefulness of this training/presentation? ☐ Poor ☐ Fair ☐ Good ☐ Excellent YER  8. Other Comments or suggestions:	



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TRAINING SURVEY	
By filling this survey, you will help us serve you better.	
TRAINER(S) NAME: Yulahlia Hernandez & Annie Breuer	9
TITLE OF ACTIVITY/TRAINING: Rights Bingo	!'_
TRAINING LOCATION: Dungarvin, Santa Rosa	23
DATE OF ACTIVITY/TRAINING: June 13, 2019	98
NAME OF PARTICIPANT (OPTIONAL):	100
1. Were your access needs met?	ن خ سبت
1. Were your access needs met?	7 / **
	 Admida
(Getting into the Building, was the training room comfortable, were you able to g	et 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	3 :
	4.
Comments:	
4. Was the speaker interesting? Yes No	
Comments:	
5. How did this training meet your needs?	
eu p	
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:	
o. Other Comments of Suggestions.	



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. Т	RAINING SURVEY			
By filling this surve	ey, you will help us serve y	ou be	tter.	
TRAINER(S) NAME:				
TITLE OF ACTIVITY/TRAINING:	Rights Bingo			
TRAINING LOCATION:				
DATE OF ACTIVITY/TRAINING:	June 13 2010			
NAME OF PARTICIPANT (ORTIO	MALL.			
NAME OF PARTICIPANT (OPTIO	MAL):	.,		
1. Were your access needs met?		Yes	_	
<i>,</i>		$\odot$	8	
(Getting into the Building, was the the bathroom, was the information Comments:	ation provided helpful, etc.)	vere yo	ou able to ge	t int
2. Did the environment contribute t	to the learning experience?	Yes ©	No ⊗	
Comments:				
			n (	
3. Did you learn something from th	is training?	Yes.	No	
•	•		8	
Comments:			7	
	***************************************			
4. Was the speaker interesting?		Yes	No	
		©	8	
Comments:				
5. How did this training meet your i	needs?			
6. How would you rate the quality o ☐ Poor ☐ Fair ☐ Go 7. Overall, how would you rate the ☐ Poor ☐ Fair ☐ Go 8. Other Comments or suggestions	od □ Excellent usefulness of this training/plood □ Excellent		-	

# SAMPLE -

# EMERGENCY PREPAREDNESS



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#### TRAINING SURVEY

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 to get into the bathroom, was the information provided helpful, etc.)  YES	ou able
Comments:	
2. Did the environment contribute to the learning experience YES	NO ⊗
Comments:	
3. Did you learn something from this training?	NO ⊗
Comments:	
4. Was the speaker interesting?	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☐ Goodඬ Excellent
7. Overall, how would you rate the usefulness of this training/presentation? ☐ Poor☐ Fair☐ Goodጪ Excellent
8. Other comments or suggestions:



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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerger Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ncy	Leston
Were your access needs met?  (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help	e, were you	ı able
	YES)	NO ⊗
Comments:		
2. Did the environment contribute to the learning experience	e? 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?	,
a langer sometherne ne	U
teround	
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/prese	entation?
8. Other comments or suggestions:	
<u></u>	



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#### TRAINING SURVEY

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency	
1. Were your access needs met? (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help		u able
	YES	NO
Comments: 14 Was Very Into Ri	771/	<i>→</i>
2. Did the environment contribute to the learning experience	e7YE\$	NO 😣
Comments:		
3. Did you learn something from this training?	YES	NO
Comments: DOOR Reviewing		⊗
4. Was the speaker interesting?	YE\$	NO
Comments: She waspice		⊗ 

5. How did this training meet your needs?
truster her
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: 16 Our Comments
Snot frueztions And Were
appredictive upour Comments.
Thankyou Somuch For this.



Serving Consumers of San Gabriel/Pomona Regional Center

TRAINER(S) NAME: Aimon Dolgado & Aleiandra Orate

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#### TRAINING SURVEY

TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerg Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency	
Were your access needs met?  (Getting into the building, was the training room comfortate to get into the bathroom, was the information provided helps.)		u able
	YES	NO
Comments:	<b>A</b>	8
2. Did the environment contribute to the learning experien	ce? YES	NO ②
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:	YPK	
4. Was the speaker interesting?	YES	NO ⊗
Comments:	721/	0

5. How did this training meet your needs?
It make me vem ember what to do in an
Emengency
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

TRAINER(S) NAME: Almee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):		
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortab to get into the bathroom, was the information provided help</li> </ol>	le, were you pful, etc.) YES	u able NO ⊗
Comments:		
2. Did the environment contribute to the learning experience	ce? YES	NO ⊗
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:		
4. Was the speaker interesting?	YES	NO ③
Comments:		

5. How did this training meet your needs? I rearned 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:



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#### TRAINING SURVEY

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge 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 comfortab to get into the bathroom, was the information provided help	le, were you oful etc.) YES	able NO
Comments:		
2. Did the environment contribute to the learning experience	ce? 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

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency	
Were your access needs met?  (Getting into the building, was the training room comfortab to get into the bathroom, was the information provided help.)	oful, etc.)	
	YES	NO
Comments:	© 	8
2. Did the environment contribute to the learning experience	e? 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

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerger Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):		
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help</li> </ol>	e, were you ful, etc.) YES	u able NO ⊗
Comments:		
2. Did the environment contribute to the learning experienc	e?YES	NO ⊗
Comments:		<i>y</i>
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

TRAINER(S) NAME: Almee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency	
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortate to get into the bathroom, was the information provided he</li> </ol>	ole, were yo Ipful, etc.) YES ©	u able
Comments:		Vol Neuder
2. Did the environment contribute to the learning experient Comments:	ce? 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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#### TRAINING SURVEY

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency	
Were your access needs met?  (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help.)	le, were yo	ou able
	YES	NO
Comments:	· <b>(b)</b>	⊗
2. Did the environment contribute to the learning experience	e? YES	NO
Comments:		❷
3. Did you learn something from this training?	YES	NO
Comments:	( <u>©</u> ) 	8
4. Was the speaker interesting?	YES	NO
Comments:	( <u>©</u> )	8

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:
<del></del>



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#### TRAINING SURVEY

TRAINER(S) NAME: Aimee Delgado & Alejandra Or TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emeroparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	rate ergency	
1. Were your access needs met? (Getting into the building, was the training room comfo to get into the bathroom, was the information provided	rtable, were you helpful, etc.) (YES (©)	able NO
Comments:		
2. Did the environment contribute to the learning exper	rience? 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□ Goodಠ 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

TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 // ////	ency	
DATE OF ACTIVITY/TRAINING: May 22, 2019 # DV DNAME OF PARTICIPANT (OPTIONAL):	1RHJ	
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help</li> </ol>	ole, were yo pful, etc.)	u able
Comments: $ +                                  $	YES ©	NO ⊗
2. Did the environment contribute to the learning experience Comments:	ce? YES ©	NO ⊗
3. Did you learn something from this training?	YES ©	NO ⊗
Comments:	\/=0	
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:
-



3. Did you learn something from this training?

Comments: \_\_\_\_\_

4. Was the speaker interesting?

Comments: \_\_\_\_\_

Office of Clients' Rights Advocacy

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Fax: (909) 595-4855

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#### TRAINING SURVEY

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

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 y to get into the bathroom, was the information provided helpful, etc.)  YES	/ou able NO ⊗
Comments:	
2. Did the environment contribute to the learning experience? YES  Comments:	NC ⊗
Comments.	

NO

8

NO

(3)

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:



Serving Consumers of San Gabriel/Pomona Regional Center

TRAINER(S) NAME: Aimee Delgado & Aleiandra Orate

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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerge 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 comfortate to get into the bathroom, was the information provided helps	ole, were yo	ou able
	YES	NO ⊗
Comments:	(9 	
2. Did the environment contribute to the learning experien	ce? YES	NO 😕
Comments:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
3. Did you learn something from this training?	YES ©	NO 18
Comments:		
4. Was the speaker interesting?	YES	NO ③
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-Emerge Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):		
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help</li> </ol>	le, were yo oful, etc.) YES ©	u able NO
Comments:		
2. Did the environment contribute to the learning experience	ce? 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?
TE VENY 9000
6. How would you rate the quality of the presentation?  ☐ Poor☐ Fair☐ Good☐ Excellent
7. Overall, how would you rate the use <u>f</u> ulness of this training/presentation?  □/ Poor□ Fair□ Good□ Excellent
8. Other comments or suggestions:



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1. Were your access needs met? (Getting into the building, was the training room comforts to get into the bathroom, was the information provided here.)	elpful,_etc.)	
	YES )	NO ⊗
Comments:		
2. Did the environment contribute to the learning experie	nce YES	NO ⊗
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:		
4. Was the speaker interesting?	YES	NO 8
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:



California's protection & advocacy system

Serving Consumers of San Gabriel/Pomona Regional Center

TRAINER(S) NAME: Aimee Delgado & Aleiandra Orate

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TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emerg Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL):	ency accl	
<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortal to get into the bathroom, was the information provided he</li> </ol>	•	
	YES	NO
	<b>3</b>	8
Comments:		
2. Did the environment contribute to the learning experien	-	NO ⊗
Comments:	<b>*</b>	
3. Did you learn something from this training?	YES	NO
Comments:	<b>&amp;</b>	⊗
4. Was the speaker interesting?	YES	NO
Comments:	<b>Ø</b>	⊗ 

5. How did this training meet your needs?
6. How would you rate the quality of the presentation? ☐ Poor☐ Fair☐ Goodৌ Excellent
7. Overall, how would you rate the usefulness of this training/presentation′ ☐ Poor☐ Fair☒ Good☐ Excellent
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TRAINER(S) NAME: Aimee Delgado & Alejandra Orate TITLE OF ACTIVITY/TRAINING: Self Advocacy-Emergen Preparedness DATE OF ACTIVITY/TRAINING: May 22, 2019 NAME OF PARTICIPANT (OPTIONAL): Alex Excessions	су	
1. Were your access needs met? (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided helpf	e, were yo ful, etc.) YES ©	ou able
Comments:		
2. Did the environment contribute to the learning experience	e? 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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1. Were your access needs met? (Getting into the building, was the training room comfo to get into the bathroom, was the information provided	rtable, were you helpful, etc.)	
	YES	NO
Comments:		8
2. Did the environment contribute to the learning exper	rience? YES	NO ⊗
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:		
4. Was the speaker interesting?	YES	NO ②
Comments:		

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1. Were your access needs met? (Getting into the building, was the training room comfortab to get into the bathroom, was the information provided help		
	YES	NO
Comments:		<b>⊗</b> 
2. Did the environment contribute to the learning experience	ce? 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
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1. Were your access needs met? (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help	e, were you ful, etc.) YES	u able NO
Comments:	9	8
2. Did the environment contribute to the learning experience  Comments:	e? YES	NO Ø
3. Did you learn something from this training?	YES	NO · · · · · · · · · ·
Comments:		
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
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<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortate to get into the bathroom, was the information provided help.)</li> </ol>	ole, were yo pful, etc.)	u able
to got time the positive of	YES	NO Ø
Comments:		
2. Did the environment contribute to the learning experien	ce? 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?
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Were your access needs met?  (Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help.)		u able NO ເອ
Comments:		
2. Did the environment contribute to the learning experience	e? YES	NO
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:		
4. Was the speaker interesting?	YES	NO ⊗
Comments:		

6. How would you rate the quality of the presentation? ☐ Poor☐ Fair☐ Good☑ Excellent
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1. Were your access needs met? (Getting into the building, was the training room comforta to get into the bathroom, was the information provided he	lpful, etc.)	
	YES	NO ③
Comments:		
2. Did the environment contribute to the learning experier	nce? YES	NO ⊗
Comments:		
3. Did you learn something from this training?	YES	NO ②
Comments:		
4. Was the speaker interesting?	YES	NO ③
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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	_



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1. Were your access needs met? (Getting into the building, was the training room comfortato get into the bathroom, was the information provided he	ble, were yo alpful, etc.) YES	u able NO <sup>(2)</sup>
Comments:		
2. Did the environment contribute to the learning experier	nce? YES	NO ⊗
Comments:		
3. Did you learn something from this training?	YES	NO ⊗
Comments:	and the second s	
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☐ Good를 Excellent
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<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortal to get into the bathroom, was the information provided he</li> </ol>		u able
	YES	NO
	<b>©</b>	8
Comments:		
2. Did the environment contribute to the learning experier	_	NO
Comments:	 	8
3. Did you learn something from this training?	YES	NO
Comments:	© 	8
4. Was the speaker interesting?	YES	NO
Comments:	<b>©</b>	8

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
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<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortable to get into the bathroom, was the information provided help</li> </ol>	le, were yo oful, etc.) YES	u able
-	<b>(6)</b>	<b>(3)</b>
Comments:		
2. Did the environment contribute to the learning experience	ce? YES	NQ
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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<ol> <li>Were your access needs met?</li> <li>(Getting into the building, was the training room comfortate to get into the bathroom, was the information provided help</li> </ol>	ole, were you pful, etc.)	u able NO <sup>(3)</sup>	
Comments:			
2. Did the environment contribute to the learning experien	ce? <del>XE</del> S	NO ⊗	
Comments:			
3. Did you learn something from this training?	YES	NO ⊗	
Comments:			
4. Was the speaker interesting?	(SES)	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:



**Title of Training:** 

## Office of Clients' Rights Advocacy

1831 K Street

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### TRAINING SURVEY

Emergency Preparedness, Health Summit Youth Track

1.	hope you enjoyed this training. Please-tell utilities I learned something from this training.	וז וו צו	e training neiped you.	
2.	The trainer did a good job.	0	8	
3.	I would like another training like this one.	<b>©</b>	•	
4.	I liked where the training was held.		8	
5.	I will use the things I learned today.		8	
6.	My questions were answered.	•	8	
Other things I want to tell you:				
l hea	ard about this training from: ()Friend egional Center ()People First ()C	()Co		
Than	Thank you for filling this form out and giving the form back! It is important for all of us!			



Date(s) of Training: March 11, 2019

Serving Consumers of Alta California Regional Center

Title of Training:

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## TRAINING SURVEY

Emergency Preparedness, Health Summit Youth Track

Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate

We hope you enjoyed this training. Please tell us if the training helped you.					
1.	I learned something from this training.	<u></u>	8		
2.	The trainer did a good job.	<b>(3)</b>	8		
3.	I would like another training like this one.	( <u>©</u>	8		
4.	I liked where the training was held.	☺	<b>(8</b> )		
5.	I will use the things I learned today.	<b>(3)</b>	8		
6.	My questions were answered.	(©)	8		
Other things I want to tell you:					
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!					



Title of Training:

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## TRAINING SURVEY

Emergency Preparedness, Health Summit Youth Track

Na Dat	me of Trainer: Brittnee Gillespie, Clients te(s) of Training: March 11, 2019	Rights	S' Advocate	
We	hope you enjoyed this training. Please tell ι	us if the	e training helped you.	
1.	I learned something from this training.		8	
2.	The trainer did a good job.	<b>@</b>	8	
3.	I would like another training like this one.	<b>®</b>	8	
4.	I liked where the training was held.		8	
5.	I will use the things I learned today.	<b>(9)</b>	8	
6.	My questions were answered.		8	
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!				

# SAMPLE -

# **VOTING**



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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	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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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.	0	8	
2.	The trainer did a good job.	•	8	
3.	I would like another training like this one.	<b>©</b>	<b>9</b>	
4.	I liked where the training was held.	•	8	
5.	I will use the things I learned today.	<b>(3)</b>	8	
6.	My questions were answered.	•	⊗	
Other things I want to tell you:				
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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.	•	8
2.	The trainer did a good job.		8
3.	I would like another training like this one.		8
4.	I liked where the training was held.		8
5.	I will use the things I learned today.	٥	8
6.	My questions were answered.	•	8
Other things I want to tell you:			
I heard about this training from: () Friend () Consumer () Regional Center () People First () Other MOW			
Thank you for filling this form out and giving the form back! It is important for all of us!			



Title of Training:

Office of Clients' Rights Advocacy

1831 K Street

Sacramento, CA 95811-4114

Tel: (916) 504-5820 TTY: (877) 669-6023 Toll Free: (800) 390-7032

Fax: (916) 504-5821

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65. m	Voting Rights, Health Summit Youth Track			
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We	We hope you enjoyed this training. Please tell us if the training helped you.			
1.	I learned something from this training.	<b>(3)</b>	8	
2.	The trainer did a good job.	<b>6</b>	8	
3.	I would like another training like this one.	<b>(9)</b>	⊗	
4.	I liked where the training was held.	<b>©</b>	8	
5.	I will use the things I learned today.	<b>@</b>	8	
6.	My questions were answered.	9	8	
Other things I want to tell you:				
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1.	I learned something from this training.	Ø	8	
2.	The trainer did a good job.	<b>6</b>	8	
3.	I would like another training like this one.	<b>②</b>	8	
4.	I liked where the training was held.	<b>(2)</b>	8	
5.	I will use the things I learned today.	<b>②</b>	8	
6.	My questions were answered.	<b>6</b>	8	
Other things I want to tell you:				
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#### TRAINING SURVEY

Voting Rights, Health Summit Youth Track

Date(s) of Training: March 11, 2019				
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1.	I learned something from this training.	<b>③</b>	8	
2.	The trainer did a good job.	•	8	
3.	I would like another training like this one.	<b>©</b>	8	
4.	l liked where the training was held.	<b>©</b>		
5.	I will use the things I learned today.	•	8	
6.	My questions were answered.	<b>®</b>	8	
Other things I want to tell you:				
I heard about this training from: () Friend () Consumer () Regional Center () People First () Other Movi  Thank you for filling this form out and giving the form back! It is important for all of us!				



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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 h	We hope you enjoyed this training. Please tell us if the training helped you.		
1.	I learned something from this training.	6	8
2.	The trainer did a good job.	( <u>©</u>	8
3.	I would like another training like this one.	(19)	⊗
4.	I liked where the training was held.	<b>(19)</b>	8
5.	I will use the things I learned today.	<b>(</b>	8
6.	My questions were answered.		8
Other things I want to tell you: ARUNAS Me a forting			
	d about this training from: ()Friend gional Center ()People First ()	()Ca Other	nsumer
Thank	you for filling this form out and giving the f	form ba	ck! It is important for all of us!



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Titi	e of Training:
Nan Dat	Voting Rights, Health Summit Youth Track ne of Trainer: Brittnee Gillespie, Clients Rights' Advocate e(s) of Training: March 11, 2019
We l	hope you enjoyed this training. Please tell us if the training helped you.
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Other	things I want to tell you:
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Title of Training:  Voting Rights, Health Summit Youth Track  Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate  Date(s) of Training: March 11, 2019			
Wel	nope you enjoyed this training. Please tell u	s if the	e training helped you.
1.	I learned something from this training.	•	8
2.	The trainer did a good job.	0	8
3.	I would like another training like this one.	<b>©</b>	
4.	l liked where the training was held.	•	8
5.	I will use the things I learned today	•	8
6.	My questions were answered.	•	8
Other things I want to tell you:			
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	you for filling this form out and giving the fo		



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Nan	Voting Rights, Health Summit Youth	Track	/ Advant-
Date	e(s) of Training: March 11, 2019	Rights	<u>Advocate</u>
Wei	nope you enjoyed this training. Please tell i	us if the	training helped you.
1.	I learned something from this training.		8
2.	The trainer did a good job.	9	8
3.	I would like another training like this one.	<b>(9</b>	⊗
4.	I liked where the training was held.	<b>©</b>	8
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6.	My questions were answered.	9	8
Other things I want to tell you:			
	C)		
l heard ( ) Reg	d about this training from: ( ) Friend gional Certer ( ) People First ( ) C	() Coi	nsumer
Thank	you for filling this form out and giving the for		



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Wel	nope you enjoyed this training. Please tell u	s if th	e training helped you.
1.	I learned something from this training.	Ø	8
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3.	I would like another training like this one.	<b>②</b>	⊗ ,
4.	I liked where the training was held.	<b>3</b>	8
5.	I will use the things I learned today.	<b>6</b>	8
6.	My questions were answered.	Ø	8
Other	things I want to tell you:		
			And the same than
heard about this training from: ( ) Friend ( ) Consumer ) Regional Center ( ) People First ( ) Other			
	you for filling this form out and giving the fo		



Date(s) of Training: March 11, 2019

Serving Consumers of Alta Çalifornia Regional Center

Title of Training:

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TRAINING SURVEY

Voting Rights, Health Summit Youth Track

Name of Trainer: Brittnee Gillespie, Clients Rights' Advocate

We	hope you enjoyed this training. Please tell u	ıs if th	e training helped you.
1.	I learned something from this training.		8
2.	The trainer did a good job.	<b>©</b>	8
3.	I would like another training like this one.	<b>©</b>	8
4.	I liked where the training was held.	<b>©</b>	
5.	I will use the things I learned today.		8
6.	My questions were answered.	<b>®</b>	8
Other things I want to tell you:			
l hear ( ) Re	d about this training from: () Friend gional Center () People First		onsumer Yow?
Thank	you for filling this form out and giving the fo	rm ba	ick! It is important for all of us!

# SAMPLE -

# LIVING OPTIONS



TRAINER(S) NAME: Scott Barron

Peer Advocate

Scott.Barron@disabilityrightsca.org

Serving Regional Center Consumers of Southern California

TITLE OF ACTIVITY/TRAINING: Living Options

www.disabiltyrightsca.org

### **Training Survey**

Office of Clients' Rights Advocacy

17215 Studebaker Road, Suite 195

Cerritos, CA 90703 Tel: (213) 213-8178

TTY: (877) 669-6023

Fax: (213) 213-8021

Toll Free: (866) 833-6712

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

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.)

Comments:

2. Did the environment contribute to the learning experience?

helpful, etc.)
Comments:

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

3. Did you learn something from this training?
Comments:

4. Was the speaker interesting?
Comments:

5. How did this training meet your needs?

Help realize 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  Good  Excellent
8.	Other comments or suggestions:



TRAINER(S) NAME: Scott Barron

Peer Advocate
Scott.Barron@disabilityrightsca.org
Serving Regional Center Consumers of Southern California
www.disabilityrightsca.org

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Cerritos, CA 90703

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Fax: (213) 213-8021

### **Training Survey**

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TITLE OF ACTIVITY/TRAINING: Living Options TRAINING LOCATION: Sunny Hills High School **DATE OF ACTIVITY/TRAINING: 6/17/19** NAME OF PARTICIPANT (OPTIONAL): 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 YES M NO I helpful, etc.) Comments: 2. Did the environment contribute to the learning experience? YES M NO T Comments: YES M NO I 3. Did you learn something from this training? Comments: YES MNO D 4. Was the speaker interesting? Comments:

I has think about tive alone

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  Good  Excellent
8.	Other comments or suggestions:



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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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TRAINER(S) NAME: Scott Barron

Peer Advocate

Scott.Barron@disabilityrightsca.org

Serving Regional Center Consumers of Southern California

TITLE OF ACTIVITY/TRAINING: Living Options

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### **Training Survey**

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TRAINING LOCATION: Sunny Hills High School
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NAME OF PARTICIPANT (OPTIONAL):
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YES ☑ NO ☐ Comments:
2. Did the environment contribute to the learning experience?

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

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

8. Other comments or suggestions:



TRAINER(S) NAME: Scott Barron

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TITLE OF ACTIVITY/TRAINING: Living Options

5. How did this training meet your needs?

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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:

N()



TRAINER(S) NAME: Scott Barron

Comments:

900N

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TITLE OF ACTIVITY/TRAINING: Living Options

5. How did this training meet your needs?

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8.	Other comments or suggestions:  I Reguly like trianing,

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