Welcome home! Please fill out this questionnaire and then complete your Rossi Fund Reimbursement Form. The information you provide will help us to improve the Jean Wolff-Rossi Fund for Participant Involvement process in the future.

Your name: 

Name of event: 

Date of event: 

1. Did this event improve your knowledge, networking, or skills to be a better self-advocate and/or to improve the lives of people with developmental disabilities?
   - YES    - MAYBE    - NO

2. Would you recommend this event to someone else?
   - YES    - MAYBE    - NO

3. What will you do with what you learned at this event?

4. How did you find out about the Rossi Fund? (Check one)
   - Brochure
   - NCCDD Website
   - Local Organization/Agency
   - Friend/Relative
   - Other: 

5. How can we make the Rossi Fund better?

6. May we use your comments about the Rossi Fund in NCCDD publications or on the Council website?
   - Yes    - No

Thank you for filling out this survey on the Jean Wolff-Rossi Fund for Participant Involvement. If you would like to provide additional feedback, need assistance, or have questions about this survey please contact:

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