People with disabilities know what they need to be independent and an active part of their communities. The purpose of the State Council on Developmental Disabilities (SCDD) is to make sure that people with intellectual/developmental disabilities and their families get the services and supports needed.

SCDD is developing the 2022-2026 State Plan
What do you want us to work on?

1. Please put the following in order of importance from 1 to 11, where 1 is most important to you and 11 is least important to you:\(^1\):

   Most Important                              Least Important
   1  2  3  4  5  6  7  8  9  10  11

   Service Areas (Please put in order of importance)
   __ Child Care
   __ Early Intervention (serving ages 0-3)
   __ Education
   __ Employment/Job
   __ Formal and Informal Community Supports (generic services such as IHSS, MediCal, MediCare, faith-based & volunteer activities)
   __ Health & Well-Being
   __ Housing
   __ Quality Assurance (things that would improve the quality of life)
   __ Recreation/Social
   __ Transportation
   __ Other:

2. What did you put as #1 (most important)? __________________________
   a. Why did you put this as most important to you?

\(^1\) We will work on Self-Advocacy, what else do you want us to work on?
b. What types of activities would you like the State Council on Developmental Disabilities (SCDD) to focus on for this service area?

3. What did you put as #2? _____________________________
   a. Why did you put this as the 2\textsuperscript{nd} most important to you?

   b. What types of activities would you like SCDD to focus on for this service area?

4. What did you put as #3? _____________________________
   a. Why did you put this as the 3\textsuperscript{rd} most important to you?

   b. What types of activities would you like SCDD to focus on for this service area?

5. What types of Self-Advocacy activities would you like SCDD to do or “work on”?

6. How can SCDD help people with intellectual/developmental disabilities?

7. What else would you like the SCDD to know? (Use additional pages if you need to write more).
8. Who are you? (Please check one)

☐ Self-Advocate (a person with an Intellectual or other Developmental Disability)
☐ Family Member of a Self-Advocate
☐ Community Member
☐ Service Provider
☐ Other:


10. What age group are you in?  
☐ Under 18 years old
☐ 18-55 years old
☐ 55 years or older
☐ Do not wish to share

11. Which race do you identify with? (check all that apply)

☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Do not wish to share

12. Ethnicity:  
☐ Hispanic or Latino
☐ Not Hispanic or Latino

13. I am (check one):  
☐ MEN Male  ☐ WOMEN Female  ☐ Other

For more information about SCDD’s activities, please visit scdd.ca.gov/stateplan/

Please return this survey to any of the following:
1. Your local SCDD Regional Office – (for locations see www.scdd.ca.gov)
2. Email: StatePlan@scdd.ca.gov
3. Fax: 916.263.7969

** This survey is anonymous. No information about you will be shared with any other agency or group.