**Pre/Post Behavior Intention Towards People with Disabilities Survey**



**Pre/post Survey Tool**

**Attitudes and Norms about Inclusion of**

**People with Disabilities**

|  |  |
| --- | --- |
| Affiliation: Teacher Administrator  Student  Patient  Other | **Survey Date**: Pre-filled |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How much do you agree with each statement?** | VERY | SOME-WHAT | NOT VERY | NOT AT ALL |
|  | People with disabilities should be able to participate equally in all school activities. *(gets to attitude)* | ❏ | ❏ | ❏ | ❏ |
|  | People with disabilities should get special support or accommodations in order to help them to participate equally. *(attitude)*  | ❏ | ❏ | ❏ | ❏ |
|  | In general, people with disabilities are just like everyone else. *(social norms)* | ❏ | ❏ | ❏ | ❏ |
|  | In general, my friends are kind to people with disabilities. *(social norms)* | ❏ | ❏ | ❏ | ❏ |
|  | Having a friend with a disability would enrich my life. *(perception of behavior control)* | ❏ | ❏ | ❏ | ❏ |
|  | I am willing to make friends with people who have disabilities. *(behavior intentions)* | ❏ | ❏ | ❏ | ❏ |
|  | I would stand up for a person with a disability if they were being picked on or mistreated. *(behavior intentions)* | ❏ | ❏ | ❏ | ❏ |

**Survey for Staff and Teachers on the Inclusion Project event**

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**VCU’s Partnership for People with Disabilities**

**Inclusion Project Event Staff & Teacher Survey**

**What is your job title?**

**€School principal €School counselor €Other school administrator**

**€General education teacher €Special education teacher €Other ( )**

**Did your School:**

**Use the Inclusion Project Toolkit? € Yes € Somewhat € No**

**Develop your own Inclusion Project activities? € Yes € Somewhat € No**

**Develop student assignment/learning opportunities? € Yes € Somewhat € No**

**Which of the following best describes your knowledge about people with disabilities:**

**…prior to your involvement in the Inclusion Project € Extensive € moderate € Limited € None**

**…after the Inclusion Project event € Extensive € moderate € Limited € None**

**As a result of my involvement in Inclusion Project and the toolkit:**

**My knowledge about disabilities increased € Strongly agree € Agree € Disagree**

**The Inclusion Project will have a positive impact € Strongly agree € Agree € Disagree**

 **on me/my work**

**Taking everything into account, which of the following best reflects your level of satisfaction?**

**The Toolkit € Highly satisfied € Satisfied € Somewhat satisfied € Not at all satisfied**

**Inclusion Project event at your school € Highly satisfied € Satisfied € Somewhat satisfied**

 **€ Not at all satisfied**

**How did students, teachers, staff and administrators respond to the Inclusion Project?**

**How could Inclusion Project be more relevant, more engaging, and/or more instructional for your students?**

**How can the toolkit/activities be improved?**

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**VCU’s Partnership for People with Disabilities**

**Inclusion Project Event Debriefing**

**Date of Debriefing Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Participants: \_\_\_\_ students \_\_\_\_\_ school leaders \_\_\_\_\_\_\_ educators \_\_\_\_\_**

**community leaders \_\_\_\_ others ( )**

**AGENDA ITEMS:**

1. How did the event go?
2. Perceptions of the short term impact of the Inclusion Project.
3. Perceptions of the long term outcomes of Inclusion Project.
4. How can VCU/VDOE refine and/or use the Inclusion Project resources better?