

Disability Rights South Dakota Data (DRSD) is gathering your input to help develop the goals and priorities of the agency. We ask that you complete this survey on behalf of yourself, your child, or family member with a disability. Data compiled from this survey will only be shared in a cumulative fashion. Personal-identifying information is for the exclusive use of DRSD.

To request this survey in an alternative format, please contact DRSD at drsd@drsdlaw.org or call 1-800-658-4782. To complete this survey online, scan the following QR code:



Contact Information (Optional):

Name _____ Address _____

City _____ State _____ Zip Code _____

Email _____ County of Residence _____

Would you like to Receive DRSD's Newsletter? Y N

1. Age range:

- 0-21
- 22-64
- 65+

2. Are you registered to vote?

- Yes
- No
- Unsure

3. Do you need assistance registering to vote?

- Yes
- No
- Unsure

4. Please tell us why you DO or DO NOT exercise your right to vote:

5. What platform(s) would you most prefer to obtain information or training from DRSD?

- In-person
- DRSD website
- Social Media (Facebook, Twitter, etc.)
- Paper Media (Newsletter, Investigative Reports, etc.)
- Email
- Other: _____

6. What topic area(s) would you like more training and/or information on?

- Changes in state & federal law
- Voter registration activities
- Community resources
- Abuse/Neglect
- Legislative Advocacy
- Special Education
- Individual Rights
- Other: _____

7. How would you rate your activeness in disability-related activities, groups, and/or legislation?
(1 being not active at all and 5 being very active)

1 2 3 4 5

8. I am filling this survey out as a:

- Self-advocate
- Parent
- Family member
- Professional
- Veteran/Service Member
- Other: _____

9. I, or my child/family member/client, has been diagnosed with:
(Check all that apply)

- Mental Illness
- Intellectual/Developmental Disability
- Physical Disability
- Congenital Disability
- Traumatic Brain Injury
- N/A
- Other: _____

10. I, or my child/family member/client, receives services from:
(You may check more than one)

- Community Support Provider-Day Services
- Community Support Provider-Residential Services
- Inpatient Mental Health
- Outpatient Mental Health/Counseling Services
- Nursing Home
- Transition Services

- School/Educational Institution
- Family Home
- N/A
- Other: _____

11. When I have questions about my services, or my family member's services, I know who to ask:

- Yes
- No
- Unsure

12. I, or my child/family member/client, does NOT have adequate access to:
(check all that apply)

- Transportation
- Community Activities
- Voter Polling Places
- Other: _____

13. I, or my child/family member/client, does NOT feel that their voices are heard in the following areas:
(check all that apply)

- Employment
- Education
- Financial Decisions
- Day-to-day Decisions
- Other: _____

14. I am confident that I know my rights and/or my child/family member/client's rights relating to:
(check all that apply)

- Abuse/Neglect
- Threats (Verbal, Physical, Retaliation)
- Exploitation (Financial, Sexual)
- Seclusion/Restraint
- Other: _____

15. Please rank how much you agree or disagree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree	N/A
I am happy with the supports and services available in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel equal in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my child/family member/client is happy with the supports and services available in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my child/family member/client feels safe in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that my child/family member/client feels equal in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What do you like about the services available in your community?

17. What do you dislike about the services available in your community?

18. Are there any additional services and/or supports that you would like to have in your community?

19. Please use this blank space to provide any further information you would like us to know.
