Service Provider Survey

1. Name of Program:

(before transitioning to these questions, be sure to appreciate the professional work the program contributes to the community)

1. Contact info:
2. Program authority:
\_\_\_Federal \_\_\_State \_\_\_Other (with explanation):
3. Program target population:
4. Program purpose:
5. Eligibility requirements:
6. Key data collected:
7. How our program currently serves young people with disabilities:

Individual answering the survey questions:

Name of interviewer: