Community Organization Survey

1. Name of Organization:

(before transitioning to these questions, be sure to appreciate the organization’s work in the community)

1. Contact Info:
2. Organization affiliation:   
   \_\_\_International \_\_\_National \_\_Regional \_\_State \_\_County \_\_Community
3. Organization Membership:

(number, gender division, common membership factors, etc.)

1. Purpose of Organization:
2. What interest does this organization have in connecting with and supporting youth with disabilities and their connection to our community?
3. How can this organization connect with a young person with a disability and/or support their transition to training, work, and the community?

Individual answering the survey questions:

Name of interviewer: