

Evaluation
Community Asset Mapping Project
Community-Date

Purpose of the Meeting:

1. Map out the current process of screening, assessment and referral to services and resources for children with Autism Spectrum Disorders and other developmental disabilities in your community.
2. Identify what is working well as well as gaps in current process.
3. Prioritize two areas to work on to improve services for children with ASD and other developmental disabilities.
4. Identify what technical assistance or training would be helpful to the community and follow-up plans with DOH/UW team and colleagues.

1. How helpful did you find the **Tiers to Autism Diagnosis Pyramid** as a conceptual model for identifying and mapping out your community's process for serving children with ASD? How can it be improved?

2. Please describe any **unexpected successes or challenges** from today's meeting.

3. What was the most **useful** thing about the meeting for you?

4. Were any important **participants** missing from today's meeting? No Yes If so, who?

5. What further **support** does your community need to work toward your prioritized activities?

6. Please rate your level of satisfaction with the meeting activities on a scale of 1 - 4
(1 = Not at all and 4 = Very Much)

| Activity | Satisfaction | Comments |
|---|---------------------|-----------------|
| Welcome and Introductions | 1 2 3 4 | |
| Overview of Mapping Project and Pyramid | 1 2 3 4 | |
| Identification of Current Systems for ASD Services in Island Co. | 1 2 3 4 | |
| Identification of Gaps in Services | 1 2 3 4 | |
| Choosing Top Two Priorities | 1 2 3 4 | |
| Planning to Address Top Priorities | 1 2 3 4 | |

7. Please rate your level of satisfaction with the meeting overall on a scale of 1 - 4
(1 = Not at all and 4 = Very Much)

| Topic | Satisfaction | Comments |
|-----------------------------|---------------------|-----------------|
| Overall Value of Day | 1 2 3 4 | |
| Meeting Discussion | 1 2 3 4 | |
| Meeting Facilitation | 1 2 3 4 | |
| Length of Meeting | 1 2 3 4 | |
| Meeting Location | 1 2 3 4 | |

8. Please provide any additional comments:

Thank you!