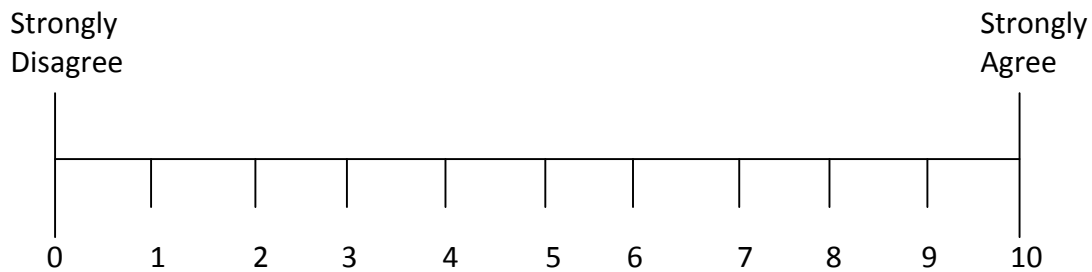


# AUTISM COALITION

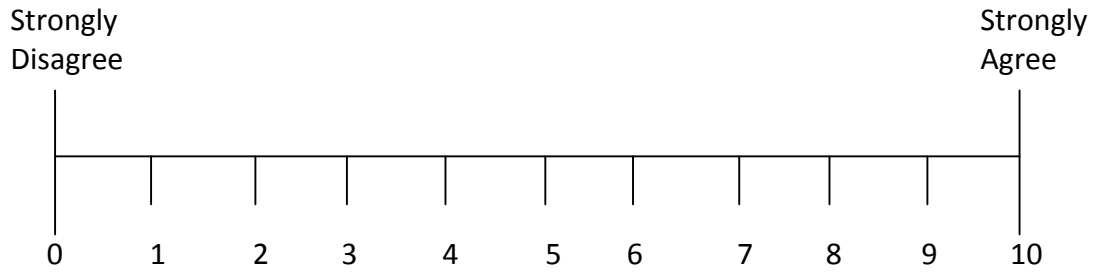
## Performance Rating Scale

We are assessing the quality of *your coalition* (may place name of coalition/task force here). We seek to know your impressions of the *coalition* at this point in its development so that we can improve the coalition activities where necessary. Listed below are several features of successful partnerships gleaned from the research literature.

Please rate the degree to which you agree that the feature is present in your Coalition using the following ten-point scale. Space for you to write your rating is provided at the end of each statement. If you have no opinion on the status of the Coalition on a particular statement, please write **NA** in the space.



1. *Your coalition* is recognized as a known leader in your community \_\_\_\_\_  
(place community identified here) to address autism awareness and services issues.
2. There is a total trust among coalition members. \_\_\_\_\_
3. I fully understand my role in this coalition. \_\_\_\_\_
4. I fully understand the role that others play in this coalition. \_\_\_\_\_
5. The roles and responsibilities of members of the coalition are written \_\_\_\_\_
6. Our coalition always handles conflict between members appropriately. \_\_\_\_\_
7. The coalition includes all the right members from our community. \_\_\_\_\_
8. I take ownership in the results of the coalition projects. \_\_\_\_\_
9. I am involved in the decision-making process of the coalition. \_\_\_\_\_
10. The coalition fully considers different approaches to solving our community's early learning needs and service gaps. \_\_\_\_\_



- 11. The coalition will be able to sustain itself in order to deal with changing conditions. \_\_\_\_\_
- 12. The coalition meets often enough to effectively conduct its business. \_\_\_\_\_
- 13. The coalition members discuss issues openly. \_\_\_\_\_
- 14. Coalition members are easily accessible outside of regular meetings. \_\_\_\_\_
- 15. Since the inception of the coalition, members have established personal connections with each other, outside of the coalition. \_\_\_\_\_
- 16. I feel comfortable sharing my ideas with other coalition members. \_\_\_\_\_
- 17. After every coalition meeting, I share the coalition information with people in my agency. \_\_\_\_\_
- 18. I feel like there is an equal opportunity for me to provide input to the *coalition*. \_\_\_\_\_
- 19. I feel like there is an equal opportunity for others on the coalition to provide input to the *coalition*. \_\_\_\_\_
- 20. The goals/objectives of the coalition are clear to all members. \_\_\_\_\_
- 21. The goals of the coalition are realistic. \_\_\_\_\_
- 22. All coalition members share the same vision for the work of the coalition. \_\_\_\_\_
- 23. The coalition has a sufficient financial base to support the programming that will be necessary to achieve our vision. \_\_\_\_\_

**Answer the following questions without using the rating scale.**

24. In your opinion, what is working best for coalition?

25. In your opinion, what needs improvement for the *coalition*?

26. What value do you bring to the coalition?

27. What value do you take away from the coalition?

28. We would appreciate any additional comments to help us understand your current impressions of the coalition. Use back of sheet, if needed.

Please check **one** of the following:

\_\_\_\_\_ Existing Steering Committee Member      \_\_\_\_\_ New Steering Committee member

Name \_\_\_\_\_

Please check **one** of the following stakeholder groups you represented at today's meeting:

- Education Services
- Human Services
- Child Care Providers
- Parents

- Health / Medical Services
- Head Start / ECEAP
- Funding Organization
- Public School District
- Other (specify) \_\_\_\_\_