

3. How would you classify your agency?

School District Adult Education Center

School District Technical College

Florida College System Institution

Other

4. Does your agency have a staff member responsible for coordinating services for adults with disabilities?

Yes

No

5. Who serves as your agency's disabilities coordinator?

(First name, Last name)

6. What is the email address of your disabilities coordinator?

7. What is the phone number of your disabilities coordinator?

(XXX) XXX-XXXX

8. What is the average age of adult students with a disability in your agency?

18-30

31-50

51+

9. What percentage of adult students with a voluntarily provided self-disclosure require an accommodation?

Less than 10%

10%-15%

15%-20%

20%-30%

More than 30%

I do not know.

10. Which of the following referral types and support services within the Division of Blind Services are most widely requested?

(Select all that apply)

Orientation and mobility

Daily living skills

Communication

Access technology

Leisure and Socialization

Self advocacy

Job readiness

Pre-ETS

Other

11. Which of the following referral types and support services within the Division of Vocational Rehabilitation are most widely requested?

(Select all that apply)

- Transition youth
- Deaf, hard of hearing services
- Supported employment
- Ticket to work
- Independent living program
- Mental health programs
- Migrant and seasonal farmworker
- Florida Alliance for Assistive Technology (FAAST)
- Diagnostics and evaluations
- Pre-ETS
-

Other

12. What additional information would you like to share about the integration of disability support services in your adult education programs?

13. Which of the following professional development topic(s) regarding adults with disabilities would be most beneficial to you and your staff?

(Select all that apply)

- Accommodations
- Reading and Literacy
- Technology
- Support/wrap around services
- Well-being services

Other

14. Please share examples of ideas or strategies received from professional development your agency has put into practice.

15. What type of professional development delivery options might you or your staff prefer?

- Face-to-face
- Synchronous online learning
- Asynchronous online learning

Other

Florida Department of Education:
Adults with Disabilities Needs Assessment Survey
Part 2

16. Select the three most commonly used technology tools used to present or review content.

(Select three effective tools below)

- Power point
 - Videos (YouTube or other)
 - Google (docs, slides, forms, etc.)
 - EdPuzzle
 - Kahoot
 - Quizizz
 - Pear Deck or Near Pod
 - Blooklet
 - Chromecasting
 -
- Other

17. How might the Department of Education better support you and your students?

18. Would you or anyone on your team be interested in participating in an informal advisory group to discuss current needs, trends and issues?

- Yes
- No
- Maybe

19. Who might be interested in participating in an advisory group?

(First name, Last Name)

20. What is the email address of the person interested in participating in an advisory group?

21. What is the phone number of the person interested in participating in an advisory group?

(XXX) XXX-XXXX

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