



# Campaign Results and Evaluation

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Which Partner Organizations did you work with to host your voter registration event?

\_\_\_\_\_  
\_\_\_\_\_

How many people attended your event? \_\_\_\_\_

Who attended your event? (Check all that apply):

Self-Advocates \_\_\_ Direct Support Professionals \_\_\_ Provider Management Staff \_\_\_

Community Members \_\_\_ Government Officials/Candidates \_\_\_ Media \_\_\_

If any Government Officials/Candidates were in attendance, please list their names and offices:

\_\_\_\_\_  
\_\_\_\_\_

Was there any media coverage of the event? If so, where was it covered? (Please provide links to any online media coverage)

\_\_\_\_\_  
\_\_\_\_\_

Did you have a sign-up sheet to collect contact information? Yes No

If so, please attach a list of any individuals who expressed an interest in receiving information from Self-Advocates of Indiana, The Arc of Indiana, INARF, and/or DSPIN.

Was the Count Us In! Toolkit helpful in planning this event? Yes No Did Not Use

Do you have any suggestions for improving the Toolkit?

\_\_\_\_\_  
\_\_\_\_\_

Please complete and send this form with any photos or press releases from your event to Amanda Circle at [acircle@arcind.org](mailto:acircle@arcind.org) or via fax at 317-977-2385 / Sarah Chestnut at [sarah@inarf.org](mailto:sarah@inarf.org) or via fax at 317-634-3221.