



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 or via fax at 317-977-2385 / Sarah Chestnut at sarah@inarf.org or via fax at 317-634-3221.