SOCIAL SERVICES DISTRICT SURVEY

THE CONSOLIDATED SERVICES PLAN

DISTRICT _______________________________            DATE:___________________

NAME OF PERSON COMPLETING SURVEY__________________________________________

TITLE:___________________________________________________________________

1. What is your involvement in the Consolidated Services Planning Process?

2. For how many years have you been involved in the planning process?_____

3. What are the major purposes, as you see them, of the Consolidated Services Plan at the present time. Please focus on the utility the plan has from YOUR district's perspective.

3. What are the strengths of the current planning approach employed by your district?

4. Are there features of your local planning efforts that you see as unique and/ or have potential benefit for other districts? (Please describe)
5. To what extent do current State requirements and procedures facilitate or hinder your current efforts? Please elaborate.

6. What are the purposes you ideally would like the planning process to serve?

7. What are the current barriers (if any) to the Consolidated Services Planning process to reaching the purposes you outlined in question 6?

8. If you could make three changes in current planning requirements or procedures (legal, regulatory format, review process, technical assistance) what would they be?

1.___________________________________________________________________________

2.___________________________________________________________________________

3.___________________________________________________________________________

Are you interested in participating in future discussion/work sessions concerning the refinement of local planning requirements?

Yes________  No________