



## Access RDSP Workshop Participant Evaluation Form

We value your opinion. Please share your honest feedback and help us improve our workshops.

Date of Workshop: \_\_\_\_\_ Location: \_\_\_\_\_

**1. Is this your first RDSP/DTC information session?**

☐ Yes ☐ No

**2. Are you a:**

- ☐ Person with a disability ☐ Family member of a person with a disability  
☐ Friend ☐ Healthcare professional  
☐ Organization representative (what organization?) \_\_\_\_\_  
☐ Other \_\_\_\_\_

**3. Do you have the Disability Tax Credit?**

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

**4. Do you have a Registered Disability Savings Plan?**

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

**5. For the following questions, indicate your level of agreement on a scale of 1 (strongly disagree) to 5 (strongly agree)**

	1 (strongly disagree)	2 (disagree)	3 (neither agree nor disagree)	4 (agree)	5 (strongly agree)
b. The material presented was understandable.					
c. The material presented was relevant to me.					
d. The presenter was knowledgeable.					
e. This session met my expectations.					

**6. After attending this session, do you feel better informed about financial, personal or future planning options?**

☐ Yes ☐ No

**7. What part of the presentation did you find most useful?**

**8. What would have made this workshop better?**

**9. Indicate your level of knowledge before today's workshop on a scale of 1 (no previous knowledge) to 5 (very knowledgeable)**

<i>Before the workshop...</i>	1 (none)	2	3 (some)	4	5 (very)
Knowledge on the DTC					
Knowledge on the RDSP					

**10. Indicate your level of knowledge, after today's workshop on a scale of 1 (same level) to 5 (much more knowledgeable)**

<i>After the workshop...</i>	1 (same)	2	3 (some)	4	5 (much more)
Knowledge on the DTC					
Knowledge on the RDSP					

**11. After attending this session, will you be using this information to inform your, your family member's, or your clients financial future?**

☐ Yes ☐ No

**11b. If yes, how?**

**12. How did you hear about this session?**

- ☐ Website ☐ Social media (Twitter, Facebook)
- ☐ Email/Newsletter ☐ Attended previous session
- ☐ Referred by (colleague, friend, organization): \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**13. Would you be willing to participate in a short follow-up survey in 3 months, so that we may provide further support if required?**

If yes, please provide your name, and preferred contact (email or phone):

Name: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

Thank you for taking the time to complete this evaluation.  
For updates and additional RDSP related information, please visit [rdsp.com](http://rdsp.com)  
or call the Disability Planning Helpline at 1-844-311-7526