

Impact Stories for State Council Supported Projects

EMAIL TO: ddcstaff@dfa.arkansas.gov

Project Name

Project description

Impact (or impact-to-date) of the project/activity for people with ID/DD and their families

Story perspective

Person with ID/DD / Family of a person with ID/DD / Professional / Other (please explain)

What were things like BEFORE you/your family/partner/community participated in the project/activity?

What are things like AFTER you/family/partner/community participated in the project/activity?

What was most beneficial to you/family/partner/community from participating in this project or practice?

ACRONYM GUIDE

DD = Developmental Disabilities

ID = Intellectual Disabilities