

SILC Strategic Planning Funding Individual/Recipient Follow Up Report

Recipient Name: _____

Recipient Address: _____

City/State: _____

Email: _____ Phone/Cell Number: _____

_____ I am an individual with a disability.

_____ I am a family member of a person with a disability.

Conference/Training Title: _____

Sessions Attended:

1. _____
2. _____
3. _____
4. _____

What did you learn from the conference that will assist you in living more independently and/or promote and support others with disabilities living independently? (Please limit your response to two full pages.)

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By signing below, I verify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____