

ILLINOIS IMAGINES BEFORE-MEETING QUESTIONS

Do you know what the Illinois Imagines project is about?

- Yes  No 



What would make the Illinois Imagines meetings and activities accessible for you?

- | | |
|--|--|
| <input type="checkbox"/> Large print | <input type="checkbox"/> Handouts with pictures |
| <input type="checkbox"/> Braille | <input type="checkbox"/> ASL interpreter |
| <input type="checkbox"/> Different time for meeting | <input type="checkbox"/> Other (please share)_____ |
| <input type="checkbox"/> Different place for meeting | _____ |
| | _____ |



What type of contact do you prefer for meeting reminders and documents? Check all that you prefer.

- Mail (please share address)_____
- _____
- Phone (please share number)_____
- Text (please share number)_____
- E-mail (please share e-mail address)_____



What gifts, talents, special interests and/or strengths do you bring to the team?



What would help you feel that you are a part of the team?



How can the team members support you at the meeting?



Do you have any questions or concerns about being on the team?

May I help you share your information with the other team members?

Yes



No

