OKLAHOMA DEPARTMENT OF HUMAN SERVICES
OKLAHOMA DEVELOPMENTAL DISABILITIES COUNCIL

ACTIVITY SHEETS

Name: _____

Fill in the date and BRIEFLY describe the action you took. Choose the column that best describes the type of issue, then place the number of policymakers (P) involved in the shaded block and all other (O) people involved in the white block.

		Health		Quality assurance		Education and early intervention		Child care		Housing		Employment		Transportation		Recreation	
Date	**Action**	**P**	**O**	**P**	**O**	**P**	**O**	**P**	**O**	**P**	**O**	**P**	**O**	**P**	**O**	**P**	**O**
TOTALS: Add the numbers in each column.																	