

**State Plan Review Instrument #2**  
**Survey of FY 2008 State Plan Materials**

**Attachment 4.2(c) – Input of State Rehabilitation Council**

Required annually by all agencies except those agencies that are independent consumer-controlled commissions. Check NA if the agency is an independent commission.

Does **Attachment 4.2(c)** identify the:

1. Input provided by the council, including recommendations from the council's annual report, the review and analysis of consumer satisfaction, and other council reports?  
**Yes \_\_\_ No \_\_\_ NA**
2. Designated state unit's response to the input and recommendations? **\_\_\_ Yes \_\_\_ No NA**
3. Explanations for the designated state unit's rejection of any input or recommendation of the council? **\_\_\_ Yes \_\_\_ No \_\_\_ NA**