

SURVEY OF NEEDS

Statistics show that one out of five Americans has a disability. We would like to learn more about the needs of our parishioners and the barriers that may prevent full participation in our parish and school. Please take a few minutes to complete the following survey. Thank you.

1. The person who could participate more fully if accommodations were provided is (Circle all that apply):

Self

Family Member

Acquaintance

Don't know anyone

(please continue)

2. What would allow full participation in worship at our house of faith?

- Invitation to participate
- Disability awareness training for staff and congregation
- Drop off area
- Accessible parking spaces
- Curb Cuts
- Ramps
- Automatic doors
- Doors 36 inches in width
- Greeters who could assist
- Clearly marked accessible bathrooms
- Accessible pulpit/bimah
- Assistive listening devices for persons with hearing needs
- Sign language interpreter
- Braille materials
- Large print liturgy guides/hymnals
- Pew cuts or accessible spaces throughout the worship space
- Pew without kneelers
- Padded seating with arm rests
- Pews 32 inches apart to allow for use of walkers, canes, crutches
- Other _____

3. What other area(s) limit or prevent full participation?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Meeting rooms | <input type="checkbox"/> Lighting | <input type="checkbox"/> Carpet/floor coverings | <input type="checkbox"/> Sound system |
| <input type="checkbox"/> Gym | <input type="checkbox"/> School building | <input type="checkbox"/> Social hall | <input type="checkbox"/> Office/rectory |
| <input type="checkbox"/> Sanctuary | <input type="checkbox"/> Attitudes | <input type="checkbox"/> Other(s): _____ | |

4. Please check ministries in our faith community that are not accessible:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Choir | <input type="checkbox"/> Lector | <input type="checkbox"/> Usher |
| <input type="checkbox"/> Catechist | <input type="checkbox"/> Religious Education | <input type="checkbox"/> Day School | <input type="checkbox"/> Liturgical Ministries |
| <input type="checkbox"/> Parish Council | <input type="checkbox"/> Teen Group | <input type="checkbox"/> Women's Guild | <input type="checkbox"/> Other: _____ |

Additional Comments:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

- Yes, I would like to be a part of the ministry to help make our faith community more accessible and welcoming. I have completed the above information so that you may contact me.