

To become a truly inclusive church, we need to understand the current views within our church regarding people affected by disability. Please take a few moments to fill out this survey, helping church leadership to determine the best “next steps” for serving families affected by disability.

5 Stages*

Please mark the boxes that best represent your views and the views of our church related to individuals affected by disability.

Me	Church	
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ignorance - God doesn't care. Individual is sinful or broken. God is not involved. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pity - I feel sorry for those with disabilities. I am blessed by God and can help others. |
| <input type="checkbox"/> | <input type="checkbox"/> | Care - People with disabilities are created in God's image and they need help. |
| <input type="checkbox"/> | <input type="checkbox"/> | Friendship - I know and spend time with a friend who has a disability. |
| <input type="checkbox"/> | <input type="checkbox"/> | Co-Laborers - Every person has a God-given gift, and we should serve together. |

Are any members of your family affected by disability? Yes No

If yes, please briefly describe.

Do your family members attend church regularly? Yes No

How could our church better serve your family members?

If one or more of your family members are children, do they regularly attend class? Yes No

How could we better serve your children and make the classrooms more accessible?

What could be done to better serve and support your family?

If your family wanted to attend our church, what practical changes should be made?

- | | |
|---|---|
| <input type="checkbox"/> More accessible parking | <input type="checkbox"/> Class for adults with developmental disabilities |
| <input type="checkbox"/> Better lighting | <input type="checkbox"/> Large print Bibles |
| <input type="checkbox"/> Sign-language interpreter | <input type="checkbox"/> Better sound equipment |
| <input type="checkbox"/> Appropriate wheelchair space | <input type="checkbox"/> Specialized children's program |
| <input type="checkbox"/> Other: _____ | |

Outside of regular weekend services, please mark which ministries would benefit your family:

- | | |
|--|---|
| <input type="checkbox"/> Regular Date Nights | <input type="checkbox"/> Mom's Morning Out |
| <input type="checkbox"/> Family Support Groups | <input type="checkbox"/> Child / Youth Events |
| <input type="checkbox"/> Dad's Day Out | <input type="checkbox"/> Financial Planning, Support Services, etc. |

The Growth of a Ministry

We are in the beginning stages of a plan for serving families affected by disability. To implement this goal, we need you. Please consider serving with us in one of the following areas.

- I would like to be part of the leadership and planning team.
- I would like to become a "buddy" to assist a student with a disability.
- I would like to serve at special events.
- I am trained in special needs and am interested in assisting with training, etc.
- I am interested in serving as needed.

Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Family Members (Include ages of children):

Additional Comments:

Thank you for taking the time to complete this survey!

*Adapted from "5 Stages: The Journey of Disability Attitudes" ©2012, ELIM Christian Services