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**

**Ignorance** - *God doesn’t care. Individual is sinful or broken. God is not involved.*  
 **Pity** -*I feel sorry for those with disabilities. I am blessed by God and can help others.*

**Care** -*People with disabilities are created in God’s image and they need help.*

**Friendship** -*I know and spend time with a friend who has a disability.*

**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?

More accessible parking Class for adults with developmental disabilities

Better lighting Large print Bibles

Sign-language interpreter Better sound equipment

Appropriate wheelchair space Specialized children’s program

Other:

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

Regular Date Nights Mom's Morning Out

Family Support Groups Child / Youth Events

Dad's Day Out 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!*