

# CHURCH SURVEY



The path to becoming an **IndispensABLE Church** is being able to survey where you are and where you need to go. The following survey will provide leadership with a foundation on which to base the next steps for creating your disability ministry. Please mark the box next to the description that you believe best describes where your church is at in relation to embracing people affected by disability from your community.

**Isolated:** People affected by disability and the church congregation are completely segregated into two different populations.

**Judged:** There are a few people affected by disability in our congregation, but they are not integrated well. Most are avoided because people simply do not know how to interact with them.

**Tolerated:** People affected by disability from the community are present in our congregation. They are not avoided but not actively engaged either. You could say that the two populations coexist together peacefully.

**Integrated:** People affected by disability are actively involved in the life of the church. Though they are involved they are not yet seen as equals in the church.

**Embraced:** People affected by disability are known and loved by many in the congregation. They are also actively serving and using their unique giftedness to build up the body of the church.

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

*If yes, please describe:*


**Are any of your close friends affected by disability?** Yes  No

*If yes, please describe:*


**Do your family members/friends affected by disability attend church regularly?** Yes  No

*How could our church better serve in this area?*


# CHURCH SURVEY



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

How could we better serve and make classrooms more accessible?

How could the church better support and bless your family and friends?


What changes would make attending church easier for your family or friends? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Additional accessible parking spaces               | <input type="checkbox"/> Better lighting                             |
| <input type="checkbox"/> Class for children with developmental disabilities | <input type="checkbox"/> Sign-language interpreter for services      |
| <input type="checkbox"/> Large-print Bibles                                 | <input type="checkbox"/> More wheelchair seating                     |
| <input type="checkbox"/> Class for adults with developmental disabilities   | <input type="checkbox"/> Buddy ministry for children during services |
| <input type="checkbox"/> Better sound equipment                             | <input type="checkbox"/> Other                                       |

What other ministry options would benefit your family and friends?

- |   |  |
|---|--|
| <input type="checkbox"/> Parent's night out/Respite events  | <input type="checkbox"/> Financial planning/Support services |
| <input type="checkbox"/> Mom's day out                      | <input type="checkbox"/> Family support groups               |
| <input type="checkbox"/> Children & youth activities/events | <input type="checkbox"/> Other                               |

We are on the path of becoming an **IndispensABLE Church** by building a thriving disability ministry. We cannot do it without you! Consider the following areas of ministry needs and mark any that you are interested in or that you feel God is calling you to serve in.

<input type="checkbox"/>	I would like to be part of the leadership and planning team.
<input type="checkbox"/>	I would like to become a "buddy" for our children or student ministry.
<input type="checkbox"/>	I would like to serve at respite events.
<input type="checkbox"/>	I am trained in special needs through medical, psychological, or other fields and am interested in assisting with training, intake, etc.
<input type="checkbox"/>	I am interested in serving wherever there is a need.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Member (Include age if child): \_\_\_\_\_