Congregational Survey:
Ministry with People with Disabilities

Disability Ministries
The United Methodist Church

1. Do you or does someone in your family need support or accommodations (e.g. large print, assisted listening devices, ASL interpreter, companion) to participate in worship and church activities? yes___no___

   If yes, are you receiving what you need? yes___no___
   If not, what would enable you to participate more fully?_____

2. Do you consider yourself a person with a disability, or does someone in your immediate family have a disability? yes___no___

   If so, do you feel you are able to serve in your church community using your gifts and skills to your full capacity? yes___no___

   If not, how are you being called to serve and what are the barriers?_____

3. Are you aware of persons in our community who want to participate, e.g., to attend worship, but aren't able to because of disability-related barriers or concerns? yes___no___ *If yes*, what are the barriers and what would help?_____

4. Are you willing to serve on a task force to help our congregation become increasingly accessible and disability-inclusive? yes___no___ *If so*, please write your name below.

Please rate the following on a scale of **1** *= we do a poor job to* **5** *= we do an excellent job*

1—2—3—4—5 The ushers and greeters appear to have sufficient training, information, and skills to welcome and support people with disabilities and their families.

1—2—3—4—5 The pastor(s) and staff seem to have sufficient training, information, and skills to welcome and support people with disabilities and their families.

1—2—3—4—5 Our Sunday School teachers have sufficient training, information, and skills to welcome and support children and youth with disabilities.

1—2—3—4—5 Our congregation welcomes disabled children and adults and their families, and integrates all persons into the life and ministries of the congregation.

Comments (*e.g., ministry ideas, feedback about what we are doing well, areas for growth*):_____

Optional - Name :_____Contact info:_____
Please note: surveys are confidential! Thanks for your assistance.