## Agudas Achim Disability Inclusion Survey

## WHY A DISABILITY INCLUSION QUESTIONNAIRE

Diversity and inclusion are core Jewish values. The Disability Inclusion Committee is trying to identify barriers to full accessibility at Agudas Achim, whether they are physical, architectural, sensory, social, intellectual, or educational. This survey seeks to capture the experiences of all of our members regarding their abilities to access our programs, building, and communal life. We recognize that some congregants do not identify as having disabilities, but nevertheless, have health-related limitations that keep them from participating in some or all aspects of congregational life.

The questions in this survey will help you explain your or your family members' needs so we can best address them. Please be assured that individual responses will be kept confidential. Names and contact information are optional. However, if follow-up discussion with you will help us better understand you and/or your family members' situation, we will need your contact information.

Your answers to the survey questions will help the Agudas Achim Disability Inclusion Committee identify and recommend needed changes to policies, practices, and procedures which will ensure greater access for individuals with disabilities, address the specific accommodation needs of individual congregants, and assist in identifying and prioritizing physical changes which may require the expenditure of resources.

Your answers will be kept confidential; however, we ask for your name and contact information in case we have questions.

First Name	 	 	
Last Name			

Best phone number to reach you\_\_\_\_\_

Email Address\_

1. Do you or a family member need assistance or accommodations to fully access Agudas Achim's community? (Check all that apply.)

 $\Box$  Self

□ Child

□ Partner

Parent

- □ Not Applicable
- 2. Do you or a family member have a disability? (Check all that apply.)
  - $\Box$  Self

 $\Box$  Child

□ Partner

□ Parent

□ Not Applicable

3. Have you or a family member utilized the following resources? (Check all that apply.)

□ Agudas Achim Website

 $\Box$  Large print siddur (prayer book), or

□ Machzor (High Holiday prayer book)

 $\hfill\square$  Audio loop in the Sanctuary

 $\hfill\square$  Assistive Listening Devices in the Sanctuary

 $\hfill\square$  Educational support through the Religious School

Other Specify \_\_\_\_\_\_

- $\Box$  Not Applicable
- 4. Which of the following accommodations would benefit you or your family member if they were available? (Check all that apply.)

□ Rides to Services and/or Events

□ Additional Accessible Parking Spaces Closer to the Front Door (Wooden doors near Synagogue Office)

Physical Accommodation: Specify\_\_\_\_\_\_

□ Priority Aisle Seating in the Sanctuary for Individuals who use Walkers or Canes

□ Child care for Children with Special Needs

□ Labelling of food served on Shabbat, holidays, or during events to inform people of potential food allergens.

□ Visual Accommodation (i.e., electronic versions of documents made available in advance of meetings, classes, etc.) Specify

□ Audio Loop in Chapel

□ Other Audio Accon	nmodation (i.e.,	use of amplif	fication at all	events
in the chapel). Specify	/			

□ Ability to participate in meetings and/or other services by conference phone

Mental Health Sensitivity: Specify\_\_\_\_\_\_

□ Low Sensory Stimulation Areas or Events: Specify:\_\_\_\_\_

□ Small Group Settings for Programming

□ Pairing with a supportive community member during services or events

	Height Adjustable and Accessible Torah table		
		Educational Support: Specify	
		<ul> <li>Accommodation to allow use of electronic assistive devices for the purpose of enabling participation in Shabbat and holiday services and programs</li> <li>Other: Specify</li> <li>Not Applicable</li> </ul>	
5.	fai	which Agudas Achim Congregation programs are you and/or your mily member(s) currently attending and/or participating? (Check all at apply.)	
		□ Shabbat Services	
		□ Holiday Services	
		□ Daily prayer services	
		Musical Concerts	
		Religious School	
		Youth Program	
		Young Families	
		Adult Education (Lifelong Learning)	
		Torah Study	
		Lifecycle Events	
		Pastoral Counseling	

 $\Box$  Social Action

	□ Sisterhood
	□ Men's Club
	Synagogue Board or Committees
	□ Kitchen
	Other: Specify
6.	What specific accommodations would enable you or your family member(s) to fully participate in the services, activities, or programs listed above?
7.	What (if anything) is limiting your or your family member(s)'s participation in any facet of the Agudas Achim community?
8.	In which services, programs, and/or activities would you and/or your family member participate, should accommodations be available? (Check all that apply.)
	□ Shabbat Services
	Holiday Services
	Daily prayer services
	Musical Concerts
	Religious School
	Youth Program

□ Preschool

□ Young Families

□ Adult Education (Lifelong Learning)

□ Torah Study

- □ Lifecycle Events
- □ Pastoral Counseling
- $\Box$  Social Action

□ Sisterhood

□ Men's Club

□ Synagogue Board or Committees

- $\Box$  Kitchen
- Other: Specify \_\_\_\_\_\_
- 9. What are the age range(s) of all the individual(s), (i.e., you or your family members) with a disability identified above? (Check all that apply.)

80 or older
65 - 79
45 - 64
23 - 44
18 - 22
Middle or High School Age
Elementary School Age
5 and Under

10. Are you or your	family member	a member	of Agudas	Achim
congregation?				

	Yes	□ No	
•	or your family member pted and belong at Agu	s feel like you or your family member(s) Idas Achim?	
lf not, pl	ease explain.		
•	u or any of your family r or adults with disabilitie	nembers a professional who works with	
	Yes	□ No	
lf yes	, please explain:		
	ld you like to be notified s or programs?	of upcoming Inclusion Committee	
	Yes	□ No	
member	of the Disability Inclusion	y member like to be contacted by a on Committee for a confidential family members' concerns?	
	Yes	□ No	
15. Would you or your family member like to be involved with the Disability Inclusion Committee?			
	Yes	□ No	
	se use the space below ions, and/or suggestior	to add any comments, concerns, is.	

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