

# Disability Accessibility Survey

*Thank you for completing this short survey to improve the welcoming and inclusion of people with disabilities.*

Name (or be anonymous): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**You are (check all that applies):**

- ☐ A person with a disability ☐ Ministry Leader ☐ Parishioner ☐ Advocate / Ally  
☐ Family member or friend of a person with a disability ☐ Staff / Support staff

**Please check all that applies:**

- ☐ Observe persons with disabilities lead worship and/or in church leadership  
☐ Do not experience or observe others experiencing church barriers  
☐ Occasionally experience or observe church barriers  
☐ Find it difficult to navigate or participate in church activities due to barriers  
☐ Unable to attend church activities due to barriers ☐ Use of inclusive language  
☐ Know how to request an accommodation ☐ Observed disability-awareness activities  
☐ Feel welcomed at this church

Church barriers experienced or observed: \_\_\_\_\_

(Use the back to add additional barriers.)

**Available accommodations:** \* Gluten-free Communion \* Website \* Restroom  
\* Asst Listening Device \* Large print materials \* Captioning \* Worship Guide