**Congregation BJBE Inclusion of Individuals with Disabilities Needs Assessment Survey**

Thank you in advance for taking this survey. Your comments, insights and suggestions will guide the BJBE Inclusion Committee members in our effort to become a more inclusive community for individuals of all ages with disabilities. You may fill out this survey anonymously. Survey results will be shared with the stakeholders in our community who can assist in making positive changes in the area of inclusion at BJBE.

The mission of the inclusion committee is below:

In connection with our Jewish values and Congregation BJBE’s mission, the inclusion committee is dedicated to creating a welcoming and accessible community for people with disabilities and their families. The purpose of this group is to provide an inclusive worship, educational, and social experience in a supportive environment.

**1. Tell us a little about yourself. Please check as many as apply.**

I have a family member with a disability or could benefit from extra support. (Please continue with questions 2-4.)

I am an individual with a disability or could benefit from extra support. (Please continue

with questions 2-4.)

I am an individual without a disability.

I am a community member interested in inclusion of people with disabilities in our Jewish community.

I am a professional who works with children and/or adults with disabilities.

Other (please specify)

**2. If a family member has special needs, how is this person related to you?**

N/A

My parent

My spouse

My child

My child is not diagnosed with a disability but could benefit from extra support.

My friend

Other (please specify)

**3. What age is the individual(s) with disabilities identified above?**

N/A

Age 65+

Age 23-65

Age 18-22

Middle or high school age

Elementary age

Age 5 or under

Other (please specify)

**4. What kind of accommodations would benefit the individual(s) with disabilities**

**identified above? Please check as many as apply.**

N/A

physical accommodation

visual accommodation

hearing accommodation

sign language interpreter

mental health support or sensitivity

sensory stimulation or decreased

small group setting

pairing with a “buddy”

pairing with a trained paraprofessional (if resources are available)

transportation

increased awareness and sensitivity within the Jewish Community

Other (please specify)

**5. What type of services/events would interest you? (please check all that apply)**

tutoring for individuals with disabilities

adapted service where everyone feels comfortable to move about or make noise.

small group Shabbat or holiday services

partnership with another adult/family to celebrate Shabbat/holidays at home

guest speakers about inclusion and related topics

parent of child with disabilities support group

sibling for child with disabilities support group

support group for adults with disabilities

Other:

**6. Do you have any additional comments or suggestions?**

If you feel comfortable sharing your name and contact information please do so below.

**7. Would you like a member of the inclusion committee to contact you? (please check below)**

Yes please

No thank you

Please contact inclusion committee chair, Jennifer Gendel, at gendeljennifer@gmail.com or 847-275-3702 with questions or comments or if you would like to serve on BJBE’s inclusion committee.