

The newly revived Accessibility & Inclusion Committee desires your feedback on accessibility and inclusion in our congregation. What we learn will help us formulate short- and long-term goals for our congregation and highlight changes we can make to programs and facilities so that Temple Sinai will be a more inclusive and welcoming community.

You are not required to include your name with your response, though you are, of course, most welcome to disclose your identity should you so choose.

Respond only to those questions you feel comfortable answering; of course, the more data we have, the better!

***Thank you!***

At Temple Sinai:

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

- I have a family member with special needs or who could benefit from extra support.
- I am an individual with special needs or who could benefit from extra support.
- I am an individual with no special needs
- 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
- I am an individual or have a family member who lives in a nursing home or assisted living facility.
- I have a family member who resides in a group setting.

2. Do you have or a family member has any of the following conditions? Please check as many as apply:

- ADD or ADHD
- Alcohol or Drug Addiction
- Alzheimer's or Memory Challenges
- Asthma or Other Respiratory Ailment
- Autism Spectrum Disorder
- Deafness and/or Hearing Loss
- Dietary Allergy or Restriction (please specify) \_\_\_\_\_
- Hearing Loss
- Intellectual Disability
- Developmental Disability
- Learning Disability
- Visual Impairment
- Mental Illness
- Other Physical Disability
- Other (please specify) \_\_\_\_\_

2a. What age is the individual(s) with special needs identified above? Please check as many as apply:

- Infant and Toddler 0-3y
- Pre-School (4-5y)
- School Age (pre-Bar Mitzvah, 6y-12)
- Teenagers (13-18y)
- Young Adults and Adults (18-65y)
- Senior parents (66y-*Gevurot*)

2b. What accommodations would benefit you or your family member? Please check as many as apply:

- Physical Accommodation (please specify) \_\_\_\_\_
- Visual Accommodation
- Food Accommodation (please specify) \_\_\_\_\_
- Hearing Accommodation
- Sign Language Interpreter
- Low sensory Stimulation
- Small Group Setting
- Pairing with a "Buddy"
- Pairing with a trained paraprofessional
- Transportation
- Increased awareness and sensitivity within the Jewish Community
- Other (please specify) \_\_\_\_\_

2c. What types of programming would you or your family attend if the desired accommodations were made? Please check as many as apply:

- Hebrew school or tutoring for students with special needs
- Participation in main synagogue services with accommodations
- "No Shushing" Shabbat/High Holidays services (where everyone can feel comfortable to move about or make noise)
- Participate in Temple Sinai outdoor activities (e.g. Winter Fest, Get S'more Shabbat)
- Small group Shabbat/High Holiday Services
- Partnership with another Jewish adult/family to celebrate Shabbat/holidays at home
- Community events with accommodations
- Guest speakers about inclusion-related topics
- Workshops/training about inclusion-related topics
- Chavura* (group with similar interests)
- Jewish parent support group
- Inclusive Youth Groups
- Caregiver support group
- Sibling support group
- Support groups for children with specific disabilities
- Support groups for adults with specific disabilities
- Other (please specify) \_\_\_\_\_

3. How physically accessible is Temple Sinai's facility?

- Not at all accessible
- Somewhat accessible
- Quite accessible
- Extremely accessible

3a. Which area do you find most challenging?

3b. Please comment regarding any difference or limitation that influences you or your family member's participation at Temple Sinai.

3c. Temple Sinai offers a range of inclusive support, such as large print prayer books, *Bima* wheelchair lift, personal FM listening system, etc. Are you aware of these supports?

- YES; If used these supports in the past, please share with us which:
- NO; how do you suggest we help others become aware of the supports offered? \_\_\_\_\_

4. How well does Temple Sinai currently create an environment that is welcoming and accepting of people with special needs?

- Extremely
  - Quite
  - Somewhat
  - Not at all; how we can improve and make you feel more included
- \_\_\_\_\_

5. Would you like to share any other comments, suggestions or concerns?

Fund Raising for a Cause:

6. Do you/your family participate in any type of community fundraiser to support special needs/accessibility causes, such as a walk for *Multiple Sclerosis*, or a run for *Special Olympics*?

- YES (please specify): \_\_\_\_\_
- NO \_\_\_\_\_

7. Would you be interested in having Temple Sinai Members to join your fundraiser(s)?

- YES
- NO

If you would like more information about or would like to be involved in helping make Temple Sinai more inclusive to individuals with disabilities, please contact Lauren Lieberman - [llieberman@brockport.edu](mailto:llieberman@brockport.edu).

***Thank you again for your feedback!***

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