

# Adult with Special Needs

## Getting-to-know-you Survey

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Note: The information you provide on this survey will be considered confidential and will not be passed outside of the Special Needs Committee. It will be used to help us get to know you better

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

(Feel free to use and attach an extra piece of paper if you need more space to write your answers)

1. If you could pick three things you hope could happen for you at church, what would they be? For example, would you see a friendship develop? Would you be part of a small group that understands you? Would you like to attend more social events or better understand or enjoy the worship service? Are there things you would like to understand more clearly about your relationship with Jesus?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

2. Do you have any suggestions for the leaders here that may help better include you in our church body? For example, would it help you to have reserved or special seating in our worship service, visual aids, a mentor or friendship network, a quiet area set up in the church or something else?

3. Please tell me about your hobbies, interests, strengths, and gifts. For example, do you enjoy reading, music, drawing, cooking, computers, exercise, being alone, fishing, or something else?

4. Do you have a current area of diagnosed special need right now? For example, do you have a mental health disorder, Autism Spectrum Disorder, Cerebral Palsy, Diabetes, or something else?

5. We all have things that are easier for us and things that are more difficult. What have you found to be areas that are more difficult for you right now? For example, do you find it hard to write, speak, interact socially, or something else?

6. Do you have any medical conditions or medications that might be helpful for the leaders to know about? Please explain.

7. Is there anything you feel it's important to tell your church family so they can better know, accept, and understand you? This, of course, would only be done with your permission. It would be communicated in an honoring and loving way.

8. Would you like to serve God in a particular way in the church community?

9. What programs, services, or events do you plan to attend this year? For example, will you attend worship services, potlucks, adult education, or something else?

10. What other information do you feel might be helpful for us to know about?

11. May we have your permission to pray about this and think of some ideas that might be helpful for you? We will contact you within two weeks from receiving this completed survey. From there, we can develop a plan of action. \_\_\_\_\_ Yes \_\_\_\_\_ No