

Special Needs Youth Activities Survey

Special Needs Activities Coordinator: Ranwa Nin El-khoury, 407-571-8814, Rrel-khoury@altamonte.org



The City of Altamonte Springs – Special Community Services and The Advisory Board for the Disabled, Inc. provide social and recreational activities at a minimal cost to the mentally and/or physically challenged



population in Altamonte Springs and surrounding communities. Currently, we are looking into expanding our services to individuals under the age of 13.

Please take a few moments to complete and return the survey below.

We look forward to your feedback and hope to become of service to your family in the future. Thank you.

1. Please check which activities your child would be interested in participating in.

- | | | | |
|---------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Games | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Music | <input type="checkbox"/> Playgroups | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other Sports: _____ |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Edu. Activities | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Other: _____ |

2. Please check which days/times are convenient for your child to participate in activities.

- | | | | |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

3. How often would you like to see social and recreational activities available for your child's participation?

- Once a week Once a month Once a quarter It depends

4. Would you be able to attend events with your child?

- Yes No I do not feel comfortable having my child attend events without me

5. What do you feel is a reasonable fee for programs you are interested in?

- \$5.00 \$10.00 \$15.00 It depends Need Financial Assistance

6. Are you currently involved in any other social/recreation programs?

- Yes No If yes, please list: _____

7. Would you like to have special needs activities available in coordination with "general population" events?

- Yes No Both – Activities with the general population and without

8. Would you like to receive more information about programs that we develop?

- Yes No If yes, please fill out the section below, titled "Contact Information"

9. Do you have any suggestions or comments? _____

Contact Information (Optional)

Child's Name: _____ Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Child's Age: _____ Add me to your Mailing List? Yes No

Email Address: _____ Add me to your E-News List? Yes No

Optional - Disability: (Please check all that apply)

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Other: _____ |

Thank you for your time and assistance! Please send completed survey to:

City of Altamonte Springs Attn: Ranwa Nin Elkhoury 225 Newburyport Avenue Altamonte Springs, FL 32701

For more information, visit: www.AdvisoryBoardforDisabled.org