

# 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](http://www.AdvisoryBoardforDisabled.org)