

# FAMILY COMMUNITY PARTICIPATION SURVEY

*Developed by the Beach Center on Disability  
University of Kansas  
in partnership with families, service providers and researchers*

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Suggested reference in reports utilizing this instrument:

Poston, D.J., Summers, J.A., Fleming, K., Marquis, J., & Gotto, G.S. (2005).  
*Community participation for families of children with disabilities*. Lawrence, KS: Beach  
Center on Disability, Research Preview, [www.beachcenter.org](http://www.beachcenter.org).

## Beach Center on Disability

Making a Sustainable Difference in Quality of Life

# Family Community Participation Survey

## SURVEY INFORMATION AND INSTRUCTIONS

Thank you for agreeing to complete this survey. This survey has questions about:

- The places where your family likes to go and the kinds of community activities in which you like to participate;
- Barriers or challenges you may experience in being able to participate as much as you like.

We will use your answers to help us improve policies and services for children with disabilities and their families.

All the information you give us is confidential. Your name will not be attached to any of the information you give us. It is important that you answer as many questions as you can, but please feel free to skip those questions that make you feel uncomfortable.

**Answering questions:** Please use a pencil to check your answers. Use a check Mark  or “X” – please do NOT shade in the whole box. If you change any answers, please completely erase any previous answers or any extra pencil marks on the page. Please do not make any stray marks, including comments, on the form. If you have comments to share, you may e-mail them to Jean Ann Summers (jsummers@ku.edu).

Thank you so much for sharing your opinion with us!

**By completing this survey, you indicate your consent to participate in this study.**

# Family Community Participation Survey

## Part 1: Community and Family Activities

Here is a list of some things you might like to do in the community as a family. Can you do these things as much as you want? Please tell us how satisfied you are about doing these things. At the bottom we left a space for you to write in other things that are not already listed.

Dissatisfied = We can't do this as much as we want because of our child's disability.

Somewhat satisfied = We do this but have a few problems because of our child's disability.

Very satisfied = We do this as much as we want without any problems.

Not interested = We are not interested in this activity as a family, or it is not available.

Community Activities	<i>Dissatisfied</i>	<i>Somewhat Satisfied</i>	<i>Very Satisfied</i>	<i>Not Interested/ Not Available</i>
1. Going to movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Going out to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Going to religious activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Going to watch sporting events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Going to parks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Going to the swimming pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Shopping in local stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting together with friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Doing quiet, indoor things (like the museum, library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Community Participation Survey (cont.)

<b>Community Activities (cont.)</b>	<i>Dissatisfied</i>	<i>Somewhat Satisfied</i>	<i>Very Satisfied</i>	<i>Not Interested/ Not Available</i>
10. Doing active, outdoor things (like camping, parades)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Working outside the home, for family members who want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Joining a hobby club, class, or sports group, for family members who want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Overall Satisfaction</b>	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Neutral</i>	<i>Dissatisfied</i>	<i>Very Dissatisfied</i>
13. Overall, how satisfied are you that your community makes your family feel like you belong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Overall, how satisfied are you that you can do things in your community as much as you like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 2: Problems

In this part, we want to know what keeps you from doing what you want to do in the community. Tell us how much of a problem you have with each of the following:

<b>Problems</b>	<i>Not much of a problem</i>	<i>Somewhat of a problem</i>	<i>A big problem</i>
15. People are unfriendly or unkind to my child with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The place is not physically accessible for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My child does not understand what is going on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My child's behavior keeps us from doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. My child is bothered when it's too noisy, busy or crowded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Family Community Participation Survey (cont.)

20. We do not have transportation to get places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. We are too busy caring for the child with a disability to take other children to things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My community is so small that it doesn't have the things we want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My community is not a safe place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. We don't have childcare for our children without disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. We don't have special childcare or respite care for our child with a disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. People don't speak my child's language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. We don't have enough money.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. My child's health keeps us from going places.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you! You have finished completing this survey. Please make sure you erase any extra marks and have answered all the questions.**

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