



Penticton  
CHRISTIAN SCHOOL

Jesus. Others. Yourself.

## ***PCS Accessibility Survey***

Penticton Christian School is seeking information from our school community about any barriers that may hinder the participation of people with physical, sensory, mental, intellectual, or cognitive impairment in the life of our school. Your input will help us in the development of the *PCS Accessibility Plan*.

1. Which group(s) do you most identify with?

- Individual with an Accessibility Need;
- Student with an Accessibility Need;
- Caregiver for an Individual with an Accessibility Need;
- Service Provider/Therapist outside of school;
- Staff Member; and/or
- Other

2. If you answered "Other" to the above, please describe: \_\_\_\_\_

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3. What gets in the way at school? (***check all that apply***)

- Physical Access (e.g. stairs, doorways, etc.);
- Vision (e.g. dark stairwells, curbs you cannot see well, etc.);
- Hearing (e.g. hearing the teacher or announcements);
- Sensory (e.g. sensitivities to noises, movement, touch, lighting, etc.);
- Overall Environment (e.g. busy hallways, etc.);
- Mental Health (e.g. anxiety, depression, test taking, public speaking, etc.); and/or
- Other

4. If you answered "Other" to the above, please describe: \_\_\_\_\_

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5. Why are the things you described above in the way? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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6. What would make it better? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Is there anything else you would like the adults at school/*PCS Accessibility Committee* to know? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

8. Please provide your name and email or phone number if you would like to be contacted **(optional)**: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Thank you for providing your valuable input! You will be contacted shortly if you provided your contact details.**