Adaptive Recreation programs are designed to include individuals with developmental or physical disabilities in appropriate recreational activities. The goals of these programs are to provide a positive and supportive learning environment where individuals can explore new skills, develop friendships, and have opportunities to gain a sense of independence. The purpose of the survey below is to give us a better understanding of the needs and interests of individuals in our community.

1. Age: _______ Gender: M F Primary disability: ________________________________

2. Zip code or city you reside in: ________________________________

3. What are the best times for you to participate in recreational classes or programs? Please circle all that apply.
   - Weekday mornings (8am – 12pm)
   - Weekend mornings (8am – 12pm)
   - Weekday afternoons (12pm – 5pm)
   - Weekend afternoons (12pm – 5pm)
   - Weekday evenings (5pm – 8pm)
   - Weekend evenings (5pm – 8pm)
   - Weekday late evenings (8pm – 10pm)
   - Weekend late evenings (8pm – 10pm)
   - Other days/times (please specify): ________________________________

4. Do you currently participate in any adaptive recreation programs? If so please specify: ________________________________

5. What are your recreation goals? Of the five listed below please rate in order of importance to you, 1 being the most important and 5 being least important.
   - Social skills (making new friends) ______
   - Building confidence ______
   - Personal goals ______
   - Learning new skills ______
   - Sports skills ______
6. **What activities would you like to see offered?**

   Please indicate your level of interest using the following scale:
   
   1 = Very interested  
   2 = Somewhat interested  
   3 = Not interested

   Bowling - ____  
   Bocce Ball - ____  
   Archery - ____  
   Soccer - ____  
   Exercise Classes  
   (aerobics, weight training,  
   yoga) - ____  
   Canoeing/Kayaking - ____  
   Fishing - ____  
   Swimming - ____  
   Cycling - ____  
   Bocce Ball - ____  
   Bicycling - ____  
   Equestrian/Horses - ____  
   Exercise Classes  
   (aerobics, weight training,  
   yoga) - ____  
   Visually Impaired Judo - ____  
   Camping - ____  
   Sitting/Standing  
   Volleyball - ____  
   Theater/Drama - ____  
   Football - ____  
   Cheerleading - ____  
   Tennis/Racquetball - ____  
   Gymnastics/Tumbling - ____  
   Track & Field - ____  
   Other Activities (please  
   specify) -  
   Golf - ____  
   Walking - ____  
   Archery - ____  

7. **List the top three activities in which you would like to participate:**

   1.___________________  
   2.___________________  
   3.___________________

8. **If you would like to receive information about adaptive recreation activities and programs please provide us with your information below (optional):**

   Name: ________________________________
   
   Address: ______________________________
   
   Email Address: ________________________
   
   Phone Number: ________________________

9. **Additional comments, suggestions or ideas:**

   __________________________________________________________________________
   __________________________________________________________________________

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*Thank you for taking the time to complete this survey. Your opinions and suggestions are valued and appreciated!*
*When complete please return to the Multipurpose Center or mail to:*
*Michelle Blunt, CTRS; Recreation Manager; Multipurpose Recreation Center; Pasadena Parks and Recreation; 5200 Burke Road; Pasadena, Texas 77504; 281-487-1755; mblunt@ci.pasadena.tx.us*