



HOMER GLEN
Ability Awareness Committee

**The Ability Awareness Committee is gathering information
from Homer Glen residents to help us best serve your needs.**

Name: _____ Age of individual with special needs: _____

1. Which disability classification (one or more) best describes your loved one with special needs?

- Attention Deficit Hyperactivity Disorder
- Autism
- Blind/Visually Impaired
- Cerebral Palsy
- Cognitive Impairment
- Deaf/Hearing Impaired
- Down Syndrome
- Emotional Disability
- Learning Disability
- Physical Disability/Impairment
- Other (please specify): _____

2. Are you interested in attending local social events/activities with your loved one with special needs?

- Yes
- No

If yes, what type of events interest you?

- Park Parties (casual, regular meet-ups)
- Special Needs Carnival
- Bowling
- Restaurant Meet-ups
- Concerts
- Other (please specify): _____

3. Are you interested in attending informational sessions about disability related topics?

- Yes
- No

If yes, what type of sessions interest you?

- Individualized Education Program (IEP): What Parents Need to Know
- Transition and Future Planning for Individuals with Special Needs
- Caregiver Support
- Sign Language Classes
- Recreational Opportunities for Individuals with Special Needs
- Illinois ABLE Accounts
- Other (please specify): _____

If you want to be on the Ability Awareness Committee's email list, please provide your email address below.

Email: _____