

KASAMA CENTRAL CHURCH
MINISTRY TO PEOPLE WITH DISABILITY QUARTERLY REPORT - 2018

Reporting period (please tick): 1st Quarter () 2nd Quarter () 3rd Quarter () 4th Quarter ()

Fill all information required for this quarter

1. Number of Seminars/Workshops/Trainings conducted/attended _____
Area of Training _____
2. Number of Committee Meetings Held _____
3. Number of Special Needs Awareness Days held _____
Nature of Programme _____
4. Number of Special Needs Persons identified _____ Baptized Members _____
Nature of Moral Support provided _____
Nature of Material Support provided _____
Number of Persons involved _____
5. Are Church facilities accessible/conducive to all persons with special needs _____
If not, what are the challenges faced _____

6. Number of Sensitization activities done _____
Nature of Sensitization _____
7. Number of Organization liaised with on Special Needs Members _____
Name of Organizations _____

8. Any Comments/Suggestions/Recommendations

MTPWD Leader _____ Signed _____ Date _____

Elder in Charge _____ Signed _____ Date _____