



TIGN's Institute for Lifelong Learning (TILL)

Temple Membership TILL Survey

To the Temple Israel of Great Neck Membership

The Temple Israel Institute for Lifelong Learning (TILL) is the adult education and cultural programming arm of Temple Israel. We are dedicated to our goal of furthering our Jewish knowledge and our connection to the Conservative Movement through interesting and relevant educational and cultural activities.

To help better understand how to achieve this, we have prepared a survey. This survey is available on the Temple Israel website www.tign.org, on the information table outside the Sanctuary at services, and it will be distributed with The Voice. The information you provide will help TILL plan the type and frequency of educational and cultural offerings.

For TILL to be effective, it is extremely important that you respond to this survey. Even if you are not interested in continuing your Jewish education or participating in cultural activities, please answer the questions that you feel pertain to you and return this survey to the Temple office. To encourage your participation we will hold four raffles during the survey period. The prizes will include \$50 gift certificates to the Temple Israel Judaica Shop, \$50 dinner certificates at Chatanooga and free admission for two to the Temple Israel movie series co-sponsored with the Great Neck Arts Center.

THIS IS A CONFIDENTIAL SURVEY. Your identity will not be used in tabulating the results. Neither your identity nor your individual responses will be distributed to third parties or used for any purpose other than to further our understanding of the congregation's preferences and determine how TILL can better serve the congregation.

Please fill out and return this survey to the Temple office.

To be included in one of the raffles, please return the survey to the Temple office by June 30th. If you have questions or need further information, please contact us at SurveyTIGN@gmail.com.

Thank you,

Gary Sazer
Jose Nebro
Sharon Keller

About Your Family:

Fill this section for the entire family

Number of Adults living in your home: _____								
Number of School Age Children: _____								
Number of College Age Children		At a college campus _____			At home _____			
How long has your family been part of the TIGN Family (in years): _____								
What are the ages of your children and what Jewish education they are currently receiving?		Age	Religious School At TIGN		Youth House		Day School	
	1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	3		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	4		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have extended family members (not living in your home) who are also members of TIGN?	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Do you have extended family members in GN (not living in your home) who are not members of TIGN?	<input type="checkbox"/> Yes		<input type="checkbox"/> No					

Each adult should respond individually to the balance of this survey. There are two copies of the following section. If there are more than two adults, please download another copy of this survey from www.tign.org or call the Temple office for an additional copy, and please submit them together.

I am:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Please tell the occupation and age range of each adult in your home.

Occupation: _____

Age Range

< 24 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	45 – 59 <input type="checkbox"/>	60 – 69 <input type="checkbox"/>	> 70 <input type="checkbox"/>
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What is your family's cultural heritage and country of origin?

You: _____

Mother: _____

Father: _____

Jewish Education Section:

Please tell us about your formal Jewish education.
(Select all that apply)

Afternoon Hebrew School	Hebrew High School	Day School K-8	Day School K8 -12	College Level Courses	Post Graduate Study	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us about your informal Jewish education
(Select all that apply)

Classes at TIGN	Other adult education classes	Classes at 92 nd Y	Lectures at Queens College	Jewish Camp	Youth Groups (i.e. USY/BBYO)	JTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What has brought you into TIGN during the past year?
(Select all that apply)

Services	TILL Classes	Music events	Children's School	Committees and Clubs	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What type of TILL classes and programs would interest you?

(Select all that apply)

Jewish Concepts

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mysticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conservative Judaism

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Understanding Conservative Judaism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues facing the Conservative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish History

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Ancient History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medieval History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holocaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ottoman World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spain/Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Literature

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yiddish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish Themes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish Authors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Great Jewish Personalities in History

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Ancient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish Practices

	Yes Beginning		Yes Intermediate		Yes Advanced		Possibly		No
	Sephardic	Ashkenazi	Sephardic	Ashkenazi	Sephardic	Ashkenazi	Sephardic	Ashkenazi	
Keeping a Kosher Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customs and Rituals (Home and at the synagogue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Observances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Torah/Haftorah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading Services	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Jewish Music

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Liturgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sephardic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashkenazi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israeli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israeli Contemporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Jewish music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klezmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish Arts

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritual crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify					

Film Series

	Yes	Possibly	No
Israeli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film with Jewish subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holocaust Related films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

I am interested in the following type of events

(Select all that apply)

	Yes	Possibly	No
Day Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kallot or Retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosh Hodesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Please tell us the types of social action issues that interest you

(Select all that apply)

Seniors	Poverty	Anti-Semitism	Inter-religion dialog	Inter-racial dialog	Genocide	Inter-denomination	Community inclusion	The Environment	Israeli Diaspora	Women Issues	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us the countries which interest you politically/socially

(Select all that apply)

USA	Israel	Eastern Europe	Western Europe	South America	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us if you participate in community events or cultural events

(Select all that apply)

Concerts	Theater	Lectures	Museums	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GN Adult Ed	Park District Events	Library Programs	Great Neck Arts Center	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please let us know which times you would like to see TILL programming at TIGN

(Select all that apply)

Weekday Mornings	Weekday Afternoons	Weekday Evenings	Shabbat afternoon	Sunday Morning	Sunday Anytime.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child care important to you during Shabbat and evening programming?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tell us the length of courses that you are most likely to participate at TIGN

(Select all that apply)

1 to 3 Sessions	4 to 6 Sessions	7 to 10 Sessions	Longer	Ongoing courses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able and willing to teach at TIGN?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes above, what topics would you teach and what level?		
Would you be interested in family education courses or programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Give us your comments

Please tell us of any other specific course or event that you would like to see offered at TIGN
Tell us any information you think important about your family which we have not included in this survey

If you have questions or need further information please contact us at SurveyTIGN@gmail.com

Best way of contacting you in the future (optional)

Name:			
Email:			
Phone: (needed for the raffle)			
Would you like to receive emails about Jewish events in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If there are two adults in your home, please have the adult who did not respond above, answer the questions below. If there are more than two adults, please download another copy of this survey from www.tign.org or call the Temple office for an additional copy, and please submit them together.

I am:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Please tell the occupation and age range of each adult in your home.

Occupation: _____

Age Range

< 24 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	45 – 59 <input type="checkbox"/>	60 – 69 <input type="checkbox"/>	> 70 <input type="checkbox"/>
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What is your family's cultural heritage and country of origin?

You: _____

Mother: _____

Father: _____

Jewish Education Section:

Please tell us about your formal Jewish education.
(Select all that apply)

Afternoon Hebrew School	Hebrew High School	Day School K-8	Day School K8 -12	College Level Courses	Post Graduate Study	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us about your informal Jewish education
(Select all that apply)

Classes at TIGN	Other adult education classes	Classes at 92 nd Y	Lectures at Queens College	Jewish Camp	Youth Groups (i.e. USY/BBYO)	JTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What has brought you into TIGN during the past year?
(Select all that apply)

Services	TILL Classes	Music events	Children's School	Committees and Clubs	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What type of TILL classes and programs would interest you?

(Select all that apply)

Jewish Concepts

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirituality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mysticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Philosophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conservative Judaism

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Understanding Conservative Judaism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues facing the Conservative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish History

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Ancient History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medieval History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holocaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Europe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle East	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North Africa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ottoman World	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spain/Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Literature

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Hebrew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yiddish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish Themes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jewish Authors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Great Jewish Personalities in History

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Ancient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish Practices

	Yes Beginning		Yes Intermediate		Yes Advanced		Possibly		No
	Sephardic	Ashkenazi	Sephardic	Ashkenazi	Sephardic	Ashkenazi	Sephardic	Ashkenazi	
Keeping a Kosher Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customs and Rituals (Home and at the synagogue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holiday Observances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Torah/Haftorah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leading Services	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Jewish Music

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Liturgical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sephardic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashkenazi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israeli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Israeli Contemporary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern Jewish music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Klezmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Jewish Arts

	Yes Beginning	Yes Intermediate	Yes Advanced	Possibly	No
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ritual crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify					

Film Series

	Yes	Possibly	No
Israeli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film with Jewish subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holocaust Related films	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

I am interested in the following type of events

(Select all that apply)

	Yes	Possibly	No
Day Trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking Tours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kallot or Retreats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rosh Hodesh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Please tell us the types of social action issues that interest you

(Select all that apply)

Seniors	Poverty	Anti-Semitism	Inter-religion dialog	Inter-racial dialog	Genocide	Inter-denomination	Community inclusion	The Environment	Israeli Diaspora	Women Issues	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us the countries which interest you politically/socially

(Select all that apply)

USA	Israel	Eastern Europe	Western Europe	South America	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please tell us if you participate in community events or cultural events

(Select all that apply)

Concerts	Theater	Lectures	Museums	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GN Adult Ed	Park District Events	Library Programs	Great Neck Arts Center	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please let us know which times you would like to see TILL programming at TIGN

(Select all that apply)

Weekday Mornings	Weekday Afternoons	Weekday Evenings	Shabbat afternoon	Sunday Morning	Sunday Anytime.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is child care important to you during Shabbat and evening programming?				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please tell us the length of courses that you are most likely to participate at TIGN

(Select all that apply)

1 to 3 Sessions	4 to 6 Sessions	7 to 10 Sessions	Longer	Ongoing courses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you able and willing to teach at TIGN?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes above, what topics would you teach and what level?		
Would you be interested in family education courses or programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Give us your comments

Please tell us of any other specific course or event that you would like to see offered at TIGN
Tell us any information you think important about your family which we have not included in this survey

If you have questions or need further information please contact us at SurveyTIGN@gmail.com

Best way of contacting you in the future (optional)

Name:			
Email:			
Phone: (needed for the raffle)			
Would you like to receive emails about Jewish events in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	