

Survey for Program and Facility Users – County of Calaveras

Name of Person Completing Form (optional):	Date:
Address (optional):	
Phone (optional):	
Name of County of Calaveras Facility, or Type of Program or Service you are providing input on:	

What is your relationship to the County of Calaveras? (Circle all that apply.)				
Resident	Contractor	Participant of a Program, Service, or Activity		
Visitor	Employee	Other:		
Circle all programs, services, or activities in which you participate at the facility.				
Classes	Meetings	Seminars	Work (Volunteer)	Work (Employee)
Recreation	Sporting Events	Other (please describe):		

Key: NA =Not Applicable, DK=Don't know

QUESTION	YES	NO	NA	DK	COMMENTS
1. Have you ever requested an accommodation for a disability from the County?					
2. If an accommodation was requested, was your accommodation made by the County?					If yes, what accommodations were made?
3. Have you experienced any <u>exterior</u> barriers, nonaccessible areas, or nonaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, etc.)					If yes, please describe.
4. Have you experienced any <u>interior</u> barriers, nonaccessible areas, or nonaccessible programs inside the facility? (Examples: stairs only to the facility, narrow doorways, protruding objects in the hallways, lack of assistive devices, missing or inappropriate signage, lack of interpreters, etc.)					If yes, please describe.
5. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?					If no, please describe.

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QUESTION	YES	NO	NA	DK	COMMENTS
6. Are you aware of any <u>programs, services, or activities</u> that are not accessible to individuals with disabilities?					If yes, please describe.
7. Are you aware of any <u>areas and elements of the facility</u> that are not accessible to individuals with disabilities?					If yes, please describe.
8. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters), alternate formats, specialized equipment, or assisted services, etc.?					If no, please describe.
9. Is there adequate directional and informational signage provided at the facility?					If no, please describe.
10. If you have requested auxiliary aids, an interpreter, or specialized equipment, was your request accommodated?					If no, please describe.
11. Do you know who to contact to request accommodations for yourself, a relative, or a friend with a disability?					If yes, who would you contact?
12. Is the attitude of the County of Calaveras (or its employees) towards you, or someone you know with a disability, generally helpful, supportive, positive, and proactive in solving accessibility issues?					Please describe.
13. Other Comments (if more space is needed, please write on the back of the survey or attach additional sheets):					
14. What do you feel is the highest priority for accessibility in the County of Calaveras Accessibility Plan?					

Thank you for your input.

Surveys can be returned to Disability Access Consultants, Inc. at 2243 Feather River Boulevard, Oroville, CA 95965. Comments can also be emailed to bthorpe@dac-corp.com, faxed to (530) 533-3001 or made by phone to (800) 743-7067.

If you have questions or comments to address directly with the County of Calaveras, please call Jeff White, Building Official, at (209) 754-6390. Information can also be sent or requested by fax at (209) 754-6396 or by email at ADA@co.calaveras.ca.us.