

ACCESSIBILITY SURVEY FOR PROGRAM AND FACILITY USERS

The City of Grass Valley is currently updating its Americans with Disabilities Act Self-Evaluation and Transition Plan. In order to enhance accessibility to its facilities, programs, services and events, the City of Grass Valley is seeking input from agencies, organizations and individuals with disabilities. Your assistance in completing this survey is appreciated.

Fir	rst Name (Optional)	Last Name (Optional)	Date (Optional)
Ad	Idress (Optional)		
 Ph	none (Optional)		
E-	mail address (Optional)		
Na	ame of City of Grass Valley Facili	ty or type of Program or Service fo	r which you are providing input.
1.	What is your relationship to the ☐ Resident ☐ Visitor ☐ Contractor	-	nat apply) of a Program, Service or Activity
2.	Check all programs, service or ☐ Classes ☐ Recreation ☐ Meetings ☐ Sporting Events	activities in which you participate a □ Seminars □ Work (Volu □ Work (Emp □ Other	inteer) bloyee)
3.	Do you know who to contact if you need assistance, have a concern or compliant, or need an accommodation to access a facility, service or event? ☐ Yes ☐ No If Yes, who would you contact?		

4.	Have you ever requested an accommodation for a disability from the City? ☐ Yes ☐ No
5.	If an accommodation was requested, was your accommodation made by the City? ☐ Yes ☐ No ☐ Not Applicable If yes, what accommodations were made? If no, were you given a reason why it was not provided?
6.	Have you experienced any exterior barriers, nonaccessible areas, or nonaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, etc.) Yes No Don't Know If yes, please describe.
7.	Have you ever experienced any interior 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.) Yes No Don't Know If yes, please describe.
8.	Have you attended any special events in the City? ☐ Yes ☐ No ☐ No If yes, did you encounter any barriers to accessibility?

9.	Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility? ☐ Yes ☐ No ☐ Don't Know If no, please describe.
10.	Are you aware of any programs, service or activities that are not accessible to individuals with disabilities? ☐ Yes ☐ No
	□ Don't Know If yes, please describe.
11.	Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities? Yes Don't Know If yes, please describe.
12.	Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.?) Yes No Don't Know Please describe.
13.	Is there adequate directional and informational signage provided at the facility? ☐ Yes ☐ No

	☐ Don't Know If no, please describe.
14.	If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated? Yes No No please describe.
15.	Has the attitude of the staff of the City of Grass Valley towards you or someone you know with a disability been generally helpful, supportive, positive and proactive in solving accessibility issues? Yes No Not Applicable Please describe.
16.	Other comments:
17.	What do you feel is the highest priority for accessibility in the city of Grass Valley Accessibility Plan?
ma	ase attach any additional comments or documents as necessary. Comments can also be de by calling (530) 274-4351, or by email at timk@cityofgrassvalley.com . ase return this survey to Tim Kiser, ADA Coordinator, City of Grass Valley, at 125 East Main
	eet, Grass Valley, CA 95945.