

Preview



Survey for Solano County Program and Facility Users

The County is seeking input from agencies, organizations and individuals with disabilities to help the County enhance accessibility to its facilities, programs, services and events.

First name (Optional)

Last name (Option)

Date (Optional)



Address (Optional)

Phone (Optional)

E-mail address (Optional)

Name of Solano County facility or location or type of program or service for which you are providing input

1. What is your relationship to Solano County? (Check all that apply)

- Resident
 Visitor
 Contractor
 Employee
 Participant of a Program, Service or Activity
 Other

If Other please describe

2. Check all programs, services or activities in which you participate at the facility, site or location.

- Classes
 Recreation
 Meetings
 Sporting Events
 Seminars
 Work (Volunteer)
 Work (Employee)
 Other

If Other please describe

3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, program, service or event?

Yes

No

If yes, who would you contact?

4. Have you ever requested an accommodation for a disability from the County?

Yes

No

Not Applicable

Don't Know

5. If an accommodation was requested, was your accommodation made by the County?

Yes

No

Not Applicable

Don't Know

If yes, what accommodations were made? if no, were you given a reason why it was not provided?

6. Have you experienced any barriers, nonaccessible areas, or nonaccessible programs?

(Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, need for assistive listening devices, large print, etc.)

Yes

No

Not Applicable

Don't Know

If yes, please describe.

7. Have you attended any special events in the County?

Yes

No

If yes, did you encounter any barriers to accessibility?

8. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?

Yes

No

Not Applicable

Don't Know

If no, please describe.

9. Are you aware of any programs, services or activities that are not accessible to individuals with disabilities?

- Yes
 No
 Not Applicable
 Don't Know

If yes, please describe.

10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?

- Yes
 No
 Not Applicable
 Don't Know

If yes, please describe.

11. Is information provided regarding accommodations and auxiliary aids? (such as assistive listening systems, sign language interpreters, alternate formats, specialized equipment, or assisted services, etc.)

- Yes
 No
 Not Applicable
 Don't Know

Please describe.

12. Is there adequate directional and informational signage provided at the facility?

- Yes
 No
 Not Applicable
 Don't Know

If no, please describe.

13. If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated?

- Yes
 No
 Not Applicable
 Don't Know

If no, please describe.

14. Has the attitude of the staff of Solano County towards you, or someone you know with a disability, been generally helpful, supportive, positive and proactive in solving accessibility issues?

- Yes
- No
- Not Applicable
- Don't Know

Please describe.

15. Other Comments

16. What do you feel is the highest priority for accessibility in the Solano County Accessibility Plan?

Submit