

ADA Survey for Crawford County Program and Facility Users

Name (optional): _____

Address (optional): _____

Phone Number(optional): _____

Name of County Facility or Type of Program or Service you are providing input on:

Please return this survey to the Crawford County Commissioners Office. It will be collected by County Staff. Or, you may mail it to: **Crawford County Planning, 903 Diamond Park, Meadville, PA 16335**, email it to tkapopoulos@co.crawford.pa.us. Any questions or concerns regarding this survey should be addressed to **Tori Kapopoulos** at **814-333-7341** or tkapopoulos@co.crawford.pa.us

What is your relationship to the County of Crawford? (Circle all that apply.)

Visitor Contractor Participant of a Program, Service, or Activity
 Community Member Employee Other:

Circle all programs, services, or activities in which you participate at the facility.

Voting Meetings Classes Work (Volunteer) Work (Employee)
 Recreation Entertainment Events Other (please describe):

QUESTION	YES	NO	NA	DK	COMMENTS
1. Have you ever requested an accommodation for a disability from the County?					If yes, please describe
2. If an accommodation was requested, was your accommodation made by the County?					If yes, what accommodations were made?
3. 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.)					If yes, please describe.
4. Have you 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 sign-age, lack of interpreters, etc.)					If yes, please describe.

QUESTION	YES	NO	NA	DK	COMMENTS
5.. Is accessible seating provided for individuals with disabilities at programs, community events, etc. held at the facility?					If no, please describe
6. Are you aware of any programs, services, or activities that are not accessible to individuals with disabilities?					If yes, please describe
7. Are you aware of any areas and elements of the facility 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, interpreters, 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					
12. Is the attitude of the County (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 Crawford County Accessibility Plan?					
15. Would you like a copy of Crawford County's ADA Transition Plan or Self-Evaluation?					

Thank you for your time and input