

Survey for Program and Facility Users – Western Placer Unified School District

Name of Person Completing Form (optional):	Date:
Address (optional):	
Phone (optional):	
Name of Western Placer Unified School District Facility, or Type of Program or Service on which you are providing input:	

What is your relationship to the Western Placer Unified School District? (Circle all that apply.)			
Visitor	Contractor	Participant of a Program, Service, or Activity	
Student	Parent	Employee	Other:
Circle all programs, services, or activities in which you participate at the facility.			
Classes	Meetings	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 District?					
2. If an accommodation was requested, was your accommodation made by the District?					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 programs, community events, 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, 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?					If yes, who would you contact?
12. Is the attitude of the Western Placer Unified School District (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 Western Placer Unified School District Accessibility Plan?					
15. Would you like a copy of the Western Placer Unified School District ADA Transition Plan or Self-Evaluation?					

Thank you for your input.

Surveys can be returned to Disability Access Consultants, Inc. at 720 W Cheyenne Ave., Suite 220, North Las Vegas, NV 89030. Comments can also be emailed to bthorpe@DAC-Corp.com or by phone to (800) 743-7067 or faxed to (702) 649-7417.

If you have questions or comments to address directly with the Western Placer Unified School District, please call Cathy Allen at (916) 645-5100. Information can also be sent or requested by fax at (916) 645-6582 or by email at callen@placercoe.k12.ca.us.

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THIS SURVEY IS AVAILABLE IN ALTERNATE FORMATS