

ACCESSIBILITY ASSESSMENT

Contact Person _____

Name of Applicant Organization/Sponsored Organization _____

Telephone _____ TTY _____ FAX _____

Website _____ email _____

Description of Program

PHYSICAL ACCESSIBILITY:

Yes No N/A

1) Do you offer programs in more than one building?

2) Do you own one or more of those facilities?

3) Do you consider physical access when renting a facility?

4) Do all of the facilities you use for public events:

If you provide parking, do you provide accessible parking?

Provide barrier free entry for people using wheelchairs?

Provide accessible restrooms?

Provide accessible water fountains?

Provide other accessible features?

5) If yes, please describe

6) Have any patrons reported experiencing problems with access at any facility that you have used?

Yes No

If yes, please describe:

PROGRAM ACCESSIBILITY:

Yes No

7) In the past year, have you had occasion to:

Provide Sign Language Interpretation?

Provide audio description for people who are blind or visually impaired?

Provide assistive listening devices?

Provide materials in alternative formats (Braille, large print, audio materials)?

Offer other effective communication or programmatic accessibility (i.e., captioning, touch tours, etc.)

If yes, please describe:

8) In the past year, have you made any outreach and/or marketing efforts to people with disabilities?

Yes **No**

If yes, please describe:

9) In the past year, how many requests have you received for reasonable accommodation:

Physical access to your artistic events, programs, services? # _____

Program access to your artistic events, such as ASL interpretation, audio description, captioning?

10) Were you able to provide these accommodations?

Yes **No**

If yes, please describe:

If no, explain why:

11) Have you ever completed an ADA Self Assessment?

Yes **No**

12) Do you currently have an ADA policy or Long Range Plan?

13) Have you ever held a staff sensitivity training on disability awareness?

PROGRAM SCOPE:

14) In the past year, did you produce any event or project that included people with disabilities?

Yes **No**

If yes, please describe:

15) What would help you in making your programs accessible to patrons with disabilities?

16) Comments?

Please submit this survey to:

Dolores Gonzalez, City of Austin ADA Coordinator
P.O. Box 1088
Austin, Texas 78767

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