

ACCESSIBILITY ASSESSMENT

Contact Person _____

Name of Organization/Sponsored Individual _____

Telephone _____ TTY _____ FAX _____

Website _____ email _____

Description of Program _____

PHYSICAL ACCESSIBILITY:

- 1) Do you offer programs in more than one building? **Yes No**
- 2) Do you own one or more of those facilities? **Yes No**
- 3) Do you consider physical access when renting a facility? **Yes No N/A**
- 4) Do all of the facilities you use for public events:
 - If you provide parking, do you provide accessible parking? **Yes No**
 - Provide barrier free entry for people using wheelchairs? **Yes No**
 - Provide accessible restrooms? **Yes No**
 - Provide accessible water fountains? **Yes No**
 - Provide other accessible features? **Yes No**

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:

- 7) In the past year, have you had occasion to:
 - Provide Sign Language Interpretation? **Yes No**
 - Provide audio description for people who are blind or visually impaired? **Yes No**
 - Provide assistive listening devices? **Yes No**
 - Provide materials in alternative formats (Braille, large print, audio materials)? **Yes No**
 - Offer other effective communication or programmatic accessibility (i.e., captioning, touch tours, etc.) **Yes No**

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?

Yes No

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

Yes No

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) Has your organization participated in the mandatory ADA Training? 2006___ 2007___ 2008___

Please submit this survey to:

Dolores Gonzalez, City of Austin ADA Coordinator

P.O. Box 1088

Austin, Texas 78767

Phone: 512-974-3256 /TTY: 974-2445

FAX: 512-974-3296

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