



Appendix A



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City of Galt Programs, Activities, and Services Accessibility Survey

1. Introduction: Americans with Disabilities Act Programs, Services, and Activ...

BACKGROUND:

The City of Galt is preparing an Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan. As part of this process, you are requested to complete a self-assessment questionnaire that addresses the availability of programs, services, and activities for the public. Examples of programs, services, and activities include: obtaining a permit, accessing the library, using the airport, participating in a City recreational program, or attending a public meeting such as a City Council meeting.

While some of the questions relate to City of Galt employee actions and training, the Self-Evaluation does not address employee-related work issues, which are covered in Title I of the ADA. All questions should be answered as they pertain to services, programs, and activities provided to the public.

Topics addressed in the Program Accessibility Questionnaire include:

- Description of Program Activities
- Accessible/Adaptive Equipment
- Customer Service
- Notice Requirements
- Printed Information
- Television and Audiovisual Public Information
- Website
- Public Telephones and Communication Devices
- Training and Staffing
- Program Eligibility Requirements and Admission
- Public Meetings
- Transportation Services
- Tours and Trips
- Use of Consultants
- Emergency Evacuation Procedures
- Facilities
- Special Events and Private Events on City Properties

This survey will take about 20-25 minutes to complete. Please respond to the survey by XXX YYY. Responses will be sent directly to MIG.

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2. General description of the programs

"Programs" refers to programs, activities and services offered to the public.

Each major City department or program that provides direct public service should complete a survey. For example, the Community Development department would do a separate survey for its Building, Planning, and Housing divisions.

If you have questions about how many surveys to complete, please email Cecilie Rose, cecilier@migcom.com, or call (510) 845-7549.

*** 1. Name of Department/Division:**

*** 2. Name and title of person completing this questionnaire:**

*** 3. Telephone number:**

4. Email:

*** 5. Program name(s) and brief description of what your program does:**

*** 6. Date program questionnaire filled out:**

Date: MM / DD / YYYY

3. ACCESSIBLE/ADAPTIVE EQUIPMENT

* 1. Do you allow members of the public to use electronic equipment such as copying machines, personal computers?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the electronic equipment the public is allowed to use:

[Redacted text box]

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4. ACCESSIBLE/ADAPTIVE EQUIPMENT - CONTINUED

* 1. Do you ensure that electronic equipment is accessible to and usable by individuals with disabilities? For example, provide an accessible workstation to help someone fill out a form or a clipboard to use as a work surface?

- Yes
- No
- Don't know
- Not applicable

If yes please describe how you ensure that the equipment is accessible:

* 2. Are auxiliary aids (such as tools, access to equipment, moveable light sources, adjustable worktable levels, paper and pen, etc.) provided to assist persons with disabilities?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe.

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5. CUSTOMER SERVICE

* 1. If any of the department's programs (activities or services) have eligibility requirements for participation, do they contain any of the following?

For example, your Department offers a volunteer program to the public that would require an individual to meet specific physical fitness standards such as a lifting 40 lbs or walking up and down stairs.

- There are no eligibility requirements
- Don't know
- Physical fitness standards
- Mental fitness
- Performance requirements
- Safety Standards

If yes, how do you ensure that these policies do not discriminate against people with disabilities?

* 2. Does your department make changes to standard operating procedures to include a person with disabilities? For example, allowing someone to bring a personal attendant with them to a recreation class or moving an event to an accessible location?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the policy to make changes in standard operating procedures:

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*** 3. Is there a formal procedure for making changes to standard operating procedures?**

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the procedure.

*** 4. Do you track accessibility requests?**

- Yes
- No
- Don't know
- Not applicable

If yes, please list how many requests have you received and what the requests were for.

*** 5. Does your program charge an additional fee for people with disabilities for modifying programs?**

- Yes
- No
- Don't know
- Not applicable

If yes, please describe.

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* 6. Does your department consult or work with any outside organizations or groups that assist people with disabilities such as the a Center for Independent Living or Senior Citizen's advocacy group?

- Yes
- No
- Don't know
- Not applicable

If yes, please list the organizations.

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7. Does your department have any policies which exclude service animals, such as service dogs for the blind or signal dogs for the hearing impaired?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe your policy on service animals.

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6. NOTICE REQUIREMENTS

*** 1. Do you have a non-discrimination statement that includes persons with disabilities?**

- Yes
- No
- Don't know
- Not applicable

Comments:

*** 2. Is a non-discrimination statement that includes information about how to reach the ADA coordinator posted in all departments in a location that maximizes public exposure?**

- Yes
- No
- Don't know
- Not applicable

If yes, please describe where the non-discrimination statement is posted.

*** 3. Do you notify all persons that your meetings, hearings, interviews, and conferences will be held in accessible locations and that adaptive/auxiliary aids (such as assistive listening devices, readers for the blind, pen and paper) will be provided, upon request, to participants with disabilities?**

- Yes
- No
- Don't know
- Not applicable

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* 4. Do you know the procedure for filing a disability discrimination complaint?

- Yes
- No
- Don't know

If yes, please describe the procedure for filing a discrimination complaint.

* 5. Do you notify all members of the public how and with whom to file a disability discrimination complaint?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the process here.

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7. PRINTED INFORMATION

* 1. Does your department produce printed materials that are made available to the public?

- Yes
- No
- Don't know
- Not applicable

Comments:

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8. PRINTED INFORMATION - CONTINUED

* 1. Who manages your printed materials?

- My department manages printed material
- Printed materials are managed centrally
- Both departmental and central management
- Don't know

Comments:

* 2. How do you make documents and publications available to individuals with visual disabilities? (check all that apply):

- Do not provide any alternative formats upon request
- Don't know
- Audiotape
- Braille
- Electronic Copy
- Large print

Other: please list

* 3. Do you make the content of documents and publications available in simple, easy-to-understand language for individuals with learning disabilities?

- Yes
- No
- Don't know

If yes, please email a sample publication to cecilier@migcom.com

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* 4. Does your department include images of people with disabilities?

- Yes, we include photos of people with disabilities
- No, we include photos of people, but do not show any images of people with disabilities.
- Do not include any photos of people in publications
- Don't know

Comments:

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9. TELEVISION AND AUDIOVISUAL INFORMATION

* 1. Does your department prepare audiovisual or televised presentations or website demonstrations/webinars for the public or make audiovisual presentations to the public?

- Yes
- No
- Don't know
- Not applicable

Comment:

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10. TELEVISION AND AUDIOVISUAL INFORMATION - CONTINUED

* 1. How do you make audiovisual or televised or on-line presentations prepared or presented by your department to the public accessible to individuals with disabilities?
Please check all that apply.

- Captioning
- Transcription
- Do not provide alternative formats upon request

Please list other alternative formats:

* 2. What type of audiovisual presentations (film, videotape, television) does your department provide?

* 3. If you show people in your audiovisual presentations, do you also portray individuals with disabilities in your audiovisual presentations?

- Yes
- No
- Don't know

Comments:

11. WEBSITE

* 1. Does your department have a website?

- Yes
- No
- Don't know
- Not applicable

If yes, please list the website:

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12. WEBSITE - CONTINUED

* 1. What information is provided on this site?

* 2. Does your department's website include information about accessibility of facilities (parking, bathrooms, assistive listening devices, etc.) where programs or services are offered?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe briefly what information is provided about accessibility:

* 3. Does your department ensure that its website is usable by individuals with disabilities, including those who use speaking browsers?

- Yes
- No
- Don't know

If yes, please describe the process for testing website accessibility:

* 4. Are the documents provided on your website for downloading accessible to persons with visual disabilities?

- Yes
- No
- Don't know

If yes, please describe briefly how downloadable files are tested for accessibility:

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* 5. Is information regarding your departments facilities, programs and services created and managed by the department or by others?

- By others?
- By the department?
- A combination?

Please describe.

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13. PUBLIC TELEPHONES AND COMMUNICATION DEVICES

* 1. Do you communicate by telephone with individuals with hearing or speech difficulties?

- Yes
- No
- Don't know
- Not applicable

Comments:

2. Do you use Text Telephones (TTY's) or Telecommunication Devices for the Deaf (TDD's)?

- Yes
- No
- Don't know

If yes, list the location, telephone number, and organization of TTY/TDD directories in which the TTY/TDD number is listed:

* 3. Do any staff members use the California Relay Service (711)?

- Yes
- No
- Don't know

Comments:

* 4. Do you publish your TTY/TDD number or California Relay Service numbers in all materials where a phone number is listed?

- Yes
- No
- Don't know

Comments:

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* 5. Do you train your staff in operating TTY/TDD's and in other means of communicating over the telephone with a person with a hearing or speech disability?

- Yes
- No
- Don't know

Comments:

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14. TRAINING AND STAFFING

* 1. Do any staff members have contact with the public?

- Yes
- No
- Don't know
- Not applicable

Comments:

* 2. How do you inform staff members who have contact with the public of your department's obligations and policies that enable persons with disabilities to participate in programs or activities?

* 3. Do your staff receive training on interacting with people with disabilities?

- Yes, staff training provided
- Don't know
- No, staff do not receive training

If yes, please describe your staff training process:

* 4. Are there staff members in your department who provide emergency services to the public?

- Yes
- No
- Don't know
- Not applicable

If yes, have they had training in American Sign Language or other means of communicating in emergency situations with people who have hearing or speech impairments?

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* 5. Are there other staff members who would be able to provide better customer service if they had training in American Sign Language (ASL) or other means of communicating with people who have hearing impairments?

- Yes
- No
- Don't know
- Not applicable

If yes, please list staff who would benefit from receiving emergency American Sign Language training:

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15. PROGRAM ELIGIBILITY REQUIREMENTS AND ADMISSION

* 1. Are there any limitations or ratios for the number of people with disabilities who may participate in or be admitted to any department program? For example exams, testing for level of ability, age requirements, etc.

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the limitations and programs:

* 2. Does your program use any criteria (for example good health, residency, letters of recommendation) or written and/or oral tests (including level of skill or achievement, or other factor being tested) in the admissions process?

- Yes
- No
- Don't know
- Not applicable

If yes, please list the participation requirements.

* 3. Are there any forms required for admission to the program (for example, tests and/or the submission of other admissions criteria such as certificates?).

- Yes
- No
- Don't know
- Not applicable

If yes, please send sample forms to cecilier@migcom.com.

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* 4. Do the forms contain a notice that the City does not discriminate against people with disabilities?

- Yes
- No
- Don't know
- Not applicable

Comments:

* 5. Is an interview required prior to an applicant's entrance into the program?

- Yes
- No
- Don't know
- Not applicable

Comments:

16. PUBLIC MEETINGS

* 1. Does your department hold public meetings?

- Yes
- No
- Don't know
- Not applicable

Comments:

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17. PUBLIC MEETINGS - CONTINUED

* 1. Do you require that public meetings, hearings, and conferences be held in accessible locations?

- Yes
- No
- Don't know

Comments:

* 2. Are American Sign Language interpreters, readers, or adaptive equipment provided when requested for meetings, interviews, and conferences?

- Yes
- No
- Don't know

If yes, how much advanced notice is required to provide accommodations?

* 3. Do you ensure that all individuals with hearing disabilities who do not read sign language can participate effectively in meetings, conferences, and hearings via assistive listening devices or other means?

- Yes
- No
- Don't know

Comments:

18. TRANSPORTATION SERVICES

* 1. Do you provide transportation to volunteers, program participants, visitors, and others who participate in your programs?

- Yes
- No
- Don't know
- Not applicable

Please describe.

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19. TRANSPORTATION SERVICES - CONTINUED

* 1. Do you have procedures to make transportation accessible to persons who have visual disabilities?

- Yes
- No
- Don't Know

If yes, please describe the procedures.

* 2. Do you have procedures to make transportation accessible to persons who have hearing disabilities?

- Yes
- No
- Don't Know

If yes, please describe the procedures.

* 3. Do you have procedures to make transportation accessible to persons who have mobility disabilities?

- Yes
- No
- Don't Know

If yes, please describe the procedures.

* 4. Do you have procedures to make transportation accessible to persons who have learning disabilities?

- Yes
- No
- Don't Know

If yes, please describe the procedures.

20. TOURS AND TRIPS

* 1. Does your department provide facility tours or organize trips for members of the public?

- Yes
- No
- Don't know
- Not applicable

If yes, please list the tours and trips.

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21. TOURS AND TRIPS - CONTINUED

* 1. Do you have procedures to make tours and trips accessible to persons who have visual disabilities?

- Yes
 No
 Don't Know

If yes, please describe the procedures.

* 2. Do you have procedures to make tours and trips accessible to persons who have hearing disabilities?

- Yes
 No
 Don't Know

If yes, please describe the procedures.

* 3. Do you have procedures to make tours and trips accessible to persons who have mobility disabilities?

- Yes
 No
 Don't Know

If yes, please describe the procedures.

* 4. Do you have procedures to make tours and trips accessible to persons who have learning disabilities?

- Yes
 No
 Don't Know

If yes, please describe the procedures.

22. CONSULTANTS

* 1. Do you use consultants to conduct programs on behalf of your department?

Yes

No

Don't know

Not applicable

If yes, please list what consultants.

Draft

23 CONSULTANTS - CONTINUED

* 1. Do you ensure that consultants are aware of their obligations to facilitate participation of individuals with disabilities in programs or activities operated on behalf of your Department?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe the procedures.

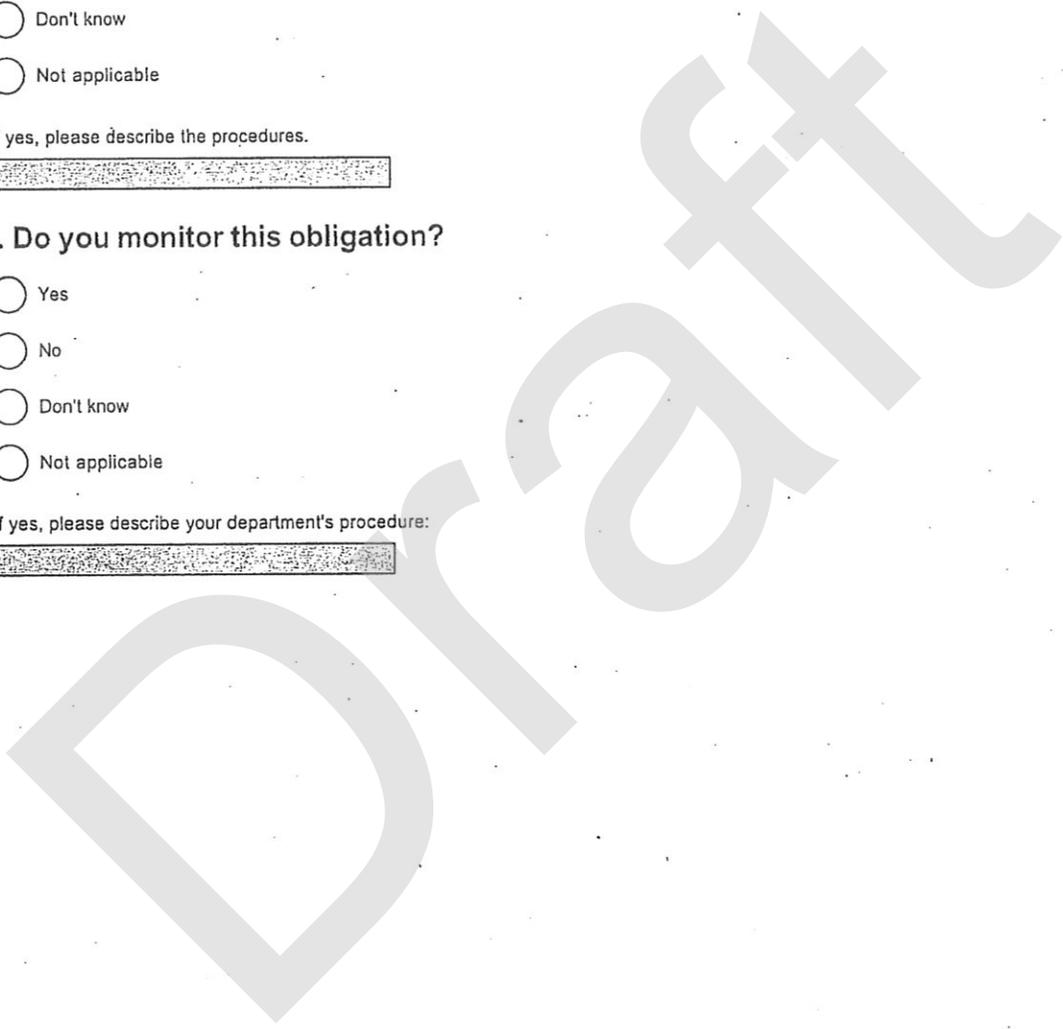
[Redacted]

* 2. Do you monitor this obligation?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe your department's procedure:

[Redacted]



24. EMERGENCY EVACUATION PROCEDURES

* 1. Do you notify individuals with visual disabilities of emergencies and evacuation procedures?

- Yes
- No
- Don't Know

If yes, describe the equipment and/or procedures do you use to notify individuals with visual disabilities of emergencies and evacuation procedures:

* 2. Do you notify individuals with hearing disabilities of emergencies and evacuation procedures?

- Yes
- No
- Don't Know

If yes, describe the equipment and/or procedures do you use to notify individuals with hearing disabilities of emergencies and evacuation procedures:

* 3. Do you notify individuals with mobility disabilities of emergencies and evacuation procedures?

- Yes
- No
- Don't Know

If yes, describe the equipment and/or procedures do you use to notify individuals with mobility disabilities of emergencies and evacuation procedures:

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* 4. Do you notify individuals with learning disabilities of emergencies and evacuation procedures?

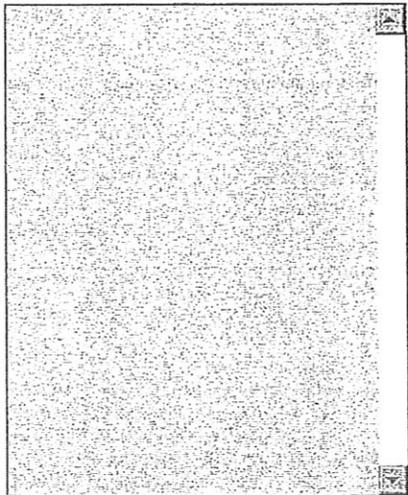
- Yes
- No
- Don't Know

If yes, describe the equipment and/or procedures do you use to notify individuals with learning disabilities of emergencies and evacuation procedures:

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25. FACILITIES

* 1. List all facilities, or portions of facilities, used for department programs. For each facility, designate the activity for which it is used. (Note: Facilities leased or otherwise used from another person/organization should also be included).



* 2. Have you had requests for improving accessibility to your department's programs or facilities?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe how many requests and what the requests were for.



26. SPECIAL EVENTS AND PRIVATE EVENTS ON PUBLIC PROPERTIES

* 1. Does your department organize special events or do you help facilitate private events on City property such as a park or City building?

- Yes
- No
- Don't know
- Not applicable

If yes, please describe briefly the type of event and what types of outside organizations are involved.

[Redacted text box]

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27. SPECIAL EVENTS AND PRIVATE EVENTS ON PUBLIC PROPERTIES - CONTINUED

* 1. Do you ensure that both private entities and your staff are aware of their obligations to facilitate participation of individuals with disabilities in these special events or private events held on public property?

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

If yes, please describe your department's procedures.

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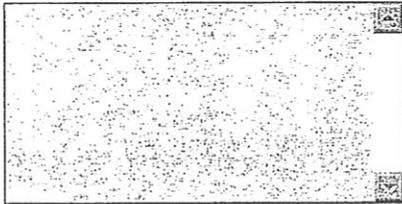
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28. LAST QUESTION

1. Thank you for completing this survey. This is the last question on the survey.

Do you have any accessibility questions for us? Please use this box below for any other questions or comments.

When you are done with the survey, please click on the "done" button. Once you click on the "done" button, you will not be able to edit or change your answers to this survey.



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