The City of El Centro is seeking input from agencies, organizations, and individuals with disabilities to help the City of El Centro enhance accessibility to its facilities, programs, services, and events.

First Name (Optional)  Last Name (Optional)  Date (Optional)

Address (Optional)

Phone (Optional)

E-mail address (Optional)

Name of City of El Centro facility or location, or type of program or service for which you are providing input

1. What is your relationship to the City of El Centro? (check all that apply)
   ☐ Resident
   ☐ Visitor
   ☐ Contractor
   ☐ Employee
   ☐ Participant of a Program, Service or Activity
   ☐ Other
   If other, please describe.

2. Check all programs, service, or activities in which you participate at the facility, site, or location.
   ☐ Classes
   ☐ Recreation
   ☐ Meetings
   ☐ Sporting Events
   ☐ Seminars
   ☐ Work (Volunteer)
   ☐ Work (Employee)
   ☐ Other
   If other, please describe.

3. Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service or event?
   ☐ Yes
☐ No
If yes, who would you contact?
__________________________________________________________________________

4. Have you ever requested an accommodation for a disability from the City of El Centro?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know

5. If an accommodation was requested, was your accommodation made by the City of El Centro?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
If yes, what accommodations were made? If no, were you given a reason why it was not provided?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6. Have you experienced any barriers, nonaccessible areas, or nonaccessible programs? (Examples: no accessible parking spaces, difficulty reaching an accessible entrance, steep ramps, uneven sidewalks, need for assistive listening device, large print, etc.)
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
If yes, please describe.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Have you attended any special events in the City of El Centro?
☐ Yes
☐ No
If yes, did you encounter any barriers to accessibility?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

8. Is accessible seating provided for individuals with disabilities at meetings, classes, programs, etc. held at the facility?
☐ Yes

6/27/2019
☐ No
☐ Not applicable
☐ Don’t know
If no, please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

9. Are you aware of any programs, service or activities that are not accessible to individuals with disabilities?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
If yes, please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

10. Are you aware of any areas or elements of the facility that are not accessible to individuals with disabilities?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
If yes, please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

11. Is information provided regarding accommodations, auxiliary aids (such as assistive listening systems, interpreters, alternate formats, specialized equipment, or assisted services, etc.?)
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
Please describe.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

12. Is there adequate directional and informational signage provided at the facility?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know

6/27/2019
If no, please describe.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

13. If you have requested auxiliary aids, an interpreter or specialized equipment, was your request accommodated?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
If no, please describe.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

14. Has the attitude of the staff of the City of El Centro towards you or someone you know with a disability been generally helpful, supportive, positive and proactive in solving accessibility issues?
☐ Yes
☐ No
☐ Not applicable
☐ Don’t know
Please describe.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

15. Other comments:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

16. What do you feel is the highest priority for accessibility in the City of El Centro Accessibility Plan?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Additional copies of the survey, in hard copy or electronic format, can be obtained from Disability Access Consultants, LLC (DAC) by calling 530-533-3000 or by sending an email request to bthorpe@dac-corp.com.

Please return this survey to:
Frank Soto, ADA/504 Coordinator
City of El Centro
1275 W. Main St.
El Centro, CA 92243

6/27/2019
Phone:  (760) 337-4508
By email to fsoto@cityofelcentro.org

You may also return the completed survey to:
Barbara Thorpe
Disability Access Consultants. LLC
2862 Olive Highway, Suite D
Oroville, CA  95966
By email to bthorpe@dac-corp.com
Thank you for your input!