

# ACCESSIBILITY & ACCOMMODATION S URVEY:

Thank you for taking the time to fill out this short survey. We are always trying to improve and one of the ways we do that is by getting feedback from people like you! Please share as much as possible so that we might be able to improve services and continue to carry out our Mission and Values!

Name (Optional): \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Date: \_\_\_\_\_

How long have you been receiving services? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Would you like a member of our Quality Assurance Team to call/email you and follow up? \_\_\_ Yes \_\_\_ No

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you had any difficulties accessing our services or contacting your service provider (or any other person from the agency)?  Yes  Neutral or  No | If yes, please describe below:

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Have you experienced any barriers from the building structure (i.e. trouble finding handicap entrance, difficulty with doors, difficulty in restrooms, doorways, or steps)?  Yes  Neutral or  No | If yes, please describe in the space below:

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Do our buildings and grounds seem safe confidential, secure and comfortable? )?  Yes  Neutral or  No | If yes, please describe in the space below:

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Do our program, facilities and counselors convey respect for your culture? )?  Yes  Neutral or  No | If yes, please describe in the space below:

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Does any of the literature, language or displays offensive to you? )?  Yes  Neutral or  No | If yes, please describe in the space below:

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Do you wish to request an accommodation or other device that would enhance your services? )?  Yes  Neutral or  No | If yes, please describe in the space below:

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Is there anything we can do different? What do we do well? What can we improve? Other comments, please use the space below:

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