

## Survey for North Highlands Recreation & Park District Program and Facility Users

The North Highlands District is seeking input from agencies, organizations and individuals with disabilities to help the District 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 North Highlands Recrea         | ation & Park District facility or location, o | or type of program or service for which         |  |
| What is your relationship to           | the North Highlands Recreation & Park         | District? (check all that apply)                |  |
| ☐ Resident                             | ☐ Employe                                     | ee  |  |
| ☐ Visitor                              | ☐ Participa                                   | ☐ Participant of a Program, Service or Activity |  |
| ☐ Contractor If other please describe. | □ Other                                       |   |  |
| 2. Check all programs, service of      | or activities in which you participate at t   | he facility, site or location.                  |  |
| ☐ Classes                              | ☐ Seminar                                     | S   |  |
| ☐ Recreation                           | ☐ Work (V                                     | olunteer)                                       |  |
| ☐ Meetings                             | ☐ Work (E                                     | mployee)  |  |
| ☐ Sporting Events                      | $\square$ Other                               |   |  |
| If other please describe.              |   |   |  |
|  |   |   |  |

|      | Do you know who to contact if you need assistance, have a concern or compliant, or need an accommodation to access a facility, service or event?   |
|------|--|
|      | Yes  |
|      |  |
| If y | es, who would you contact?   |
|      | Have you ever requested an accommodation for a disability from the District? Yes   |
|      |  |
|      | Not Applicable   |
|      | Don't Know   |
|      | DOIL CKNOW   |
|      | If an accommodation was requested, was your accommodation made by the District? Yes  |
|      | No   |
|      | Not Applicable   |
|      | Don't Know   |
| If y | es, what accommodations were made? If no, were you given a reason why it was not provided?   |
|      |  |
| 6.   | Have you experienced any barriers, non-accessible areas, or non-accessible 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 y | es, please describe.   |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |
|      |  |

| 7. Have you attended any special events in the District?   |       |
|--|-------|
| □ 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 facility? | the   |
| □ Yes  |       |
| □ No   |       |
| ☐ Not Applicable   |       |
| □ Don't Know   |       |
| If no, please describe.  |       |
|  |       |
|  |       |
| <del></del>  |       |
|  |       |
| 9. Are you aware of any programs, service or activities that are not accessible to individuals with disabilitie            | 25    |
| ☐ Yes  | ٠.    |
| □ 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 disabilit           | :ies? |
| □ Yes  |       |
| □ No   |       |
| □ Not Applicable   |       |
| □ Don't Know   |       |
| If yes, please describe.   |       |
|  |       |
|  |       |
|  |       |
|  |       |

| 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? $\hfill\Box$<br>Yes   |
| $\square$ No  |
| ☐ Not Applicable  |
| ☐ Don't Know  |
| 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.   |
|   |
|   |
| <del></del>   |
|   |
| 14. Has the attitude of the staff of the North Highlands Recreation & Park District 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 North Highlands Recreation & Park District Accessibility Plan? |
|     |  |

Additional copies of the survey, in hard copy or electronic format, can be obtained from Scott Graham, at (916) 332-7440 or scott@nhrpd.org.

Scott Graham, Park Superintendent/ADA-504 Coordinator North Highlands Recreation & Park District 6040 Watt Ave., North Highlands, CA 95660

Thank you for your input!