



# TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666  
Tel: 508-349-7004 Fax: 508-349-5505

## Survey for Town of Truro Program and Facility Users

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

First Name (Optional)

Last Name (Optional)

Date (Optional)

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Address (Optional)

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Phone (Optional)

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E-mail address (Optional)

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Name of Town of Truro facility or location, or type of program or service for which you are providing input

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1. What is your relationship to the Town of Truro? (check all that apply)

- Resident
- Visitor
- Contractor
- Employee
- Participant of a Program, Service or Activity
- Other

If other, please describe.

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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 Town of Truro?

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

5. If an accommodation was requested, was your accommodation made by the Town of Truro?

- 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.

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7. Have you attended any special events in the Town of Truro?

Yes

No

If yes, did you encounter any barriers to accessibility?

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

Yes

No

Not applicable

Don't know

If no, please describe.

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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.

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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.

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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.

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12. Is there adequate directional and informational signage provided at the facility?

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

If no, please describe.

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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.

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14. Has the attitude of the staff of the Town of Truro 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.

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15. Other comments:

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16. What do you feel is the highest priority for accessibility in the Town of Truro Accessibility Plan?

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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](mailto:bthorpe@dac-corp.com).

Please return this survey by July 15, 2019 to:

Kelly Clark, ADA/504 Coordinator

Town of Truro

P.O. Box 2030

24 Town Hall Road

Truro, MA 02666

Phone: 508-214-0929

By email to [ksclark@truro-ma.gov](mailto:ksclark@truro-ma.gov)

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](mailto:bthorpe@dac-corp.com)

Thank you for your input!