

TOWN OF TRURO

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

Survey for Program and Site Administrators

The Town of Truro is in the process of updating an Americans with Disabilities Act Self-evaluation and Transition Plan. This survey has been developed to gather input regarding the Town of Truro's provision of programs, services and activities for individuals with disabilities. Your assistance in completing this survey is appreciated. If needed, please fill out a separate survey for each program and facility or attach information as needed.					
Name of person completing this form and title:	Date				
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A. Please list the programs, services, activities and special events for which	you are responsible:				
B. Are the events, programs or activities for which you are responsible provided at one location or at					
multiple locations in the Town of Truro? For example, swimming lessons at several pools:					
C. List the location where your office is located:					
· ·					
D. How do recipients access or request information about your programs, se	rvices or events (come to				
your office, call, email, other, etc.)?					

E.	Hours of operation by program (if applicable):
F.	What organizations or groups utilize all or part of your site? (Describe use and location):
G.	Are there any recent or current complaints from employees, members of the public or other stakeholders regarding accessibility for individuals with disabilities at your site? (If so, please describe):
H.	Are you aware of any barriers to program accessibility? Please describe:
I.	What would you consider to be the highest priority to make programs, services, activities or events offered by the Town of Truro more accessible for individuals with disabilities?

Please respond to the following questions as it relates to you, or your program or administration. $DK = Don't \ Know \qquad NA = Not \ Applicable$

1. Do you know who the designated ADA Coordinator is for the Town of Truro? 2. Have you posted and noticed the name and address of the ADA Coordinator? If yes, where: If yes, where:	OTIECETON	TITIC		Don		***
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13. Are individuals with disabilities included in, or have an opportunity to participate in, all programs, activities,						
included in, or have an opportunity to participate in, all programs, activities,	*					
participate in, all programs, activities,						
and services provided by your site?						
	and services provided by your site?					

QUESTION	YES	NO	DK	NA	COMMENTS
14. Are individuals with disabilities					
served or located in segregated areas of					
your facility?					
15. Do you require persons with					If yes, describe:
disabilities to receive or participate in					-
services at an alternate location?					
16. Do you provide public transportation					If yes, describe transportation and
for your programs, services or					its accessibility:
activities?					
17 5 00					
17. Do you offer programs at your site					If yes, describe:
that are not offered at other sites in the					
Town of Truro?					
18. Do you follow a specific procedure					If yes, describe:
or policy for use of the facility by					in yes, describe.
organizations or members of the public?					
organizations of internetic or the patents.					
19. Are you aware of any community					
members or recipients of services with					
disabilities who utilize your site?					
20. Have you made accommodations for					If yes, describe:
individuals with disabilities (employees,					
patrons, members of the public, etc.)?					
21 De rous hour1					
21. Do you have any employees,					
volunteer or interns with disabilities at					
your site (if known)?	1				If yes describe
22. Have you provided training or information to your staff regarding the					If yes, describe:
requirements of the Americans with					
Disabilities Act?					
23. Do you have any volunteers or					
interns?					

QUESTION	YES	NO	DK	NA	COMMENTS
24. If you have volunteers or interns,					
have they received training on providing					
services or activities for individuals with					
disabilities?					
25. Would you like additional training					
regarding the Americans with					
Disabilities Act?					
26. Does your site offer any exemplary					If yes, describe:
programs or services for individuals					
with disabilities?					
27. Have you received any awards or					If yes, describe:
special recognitions regarding programs					
or services for individuals with					
disabilities?					
28. Do you have any construction or					If yes, describe:
remodeling projects currently underway					
or planned for the next 5 years?					
20 D					TC 1 1
29. Do you already have an					If yes, please attach to the survey.
Accessibility Survey or report for your					
site or the sites for which you are					
responsible?	1 1 1		•,	.1 1	1 64 4 112 1

30. Other Comments (if more space is needed, please write on the back of the survey or attach additional sheets):

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 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

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!