



## City of Greensboro Americans with Disabilities (ADA) Survey for Individuals Using City Programs, Services and Facilities

The City of Greensboro is completing a new Americans with Disabilities Act Self-Evaluation and Transition Plan. In order to enhance access to programs and services for individuals with disabilities, the City of Greensboro is asking for your input.

Name of Person Completing Form (Optional): \_\_\_\_\_

Address (Optional): \_\_\_\_\_

Phone: (Optional) \_\_\_\_\_ Date: \_\_\_\_\_

Name of the City of Greensboro Facility, Program or Service you are providing Input on:

\_\_\_\_\_

The following questions have been developed to solicit input from individuals with disabilities regarding the City of Greensboro's efforts to provide equal access to individuals with disabilities and to ask for input regarding how programs, services and facilities can be more accessible for individuals with disabilities.

Key: NA= Not Applicable, DK=Don't Know

QUESTION	YES	NO	NA	DK	COMMENTS
1. Have you ever requested an accommodation for a disability from the City:					
2. If an accommodation was requested, was your accommodation made by the City? If yes, what accommodations were made?					
3. Have you experienced any <b>exterior</b> barriers, non-accessible areas, or non-accessible programs: If yes, please describe:					
4. Have you experienced any <b>interior</b> barriers, non-accessible areas, or non-accessible					

programs: If yes, please describe:					
5. Is accessible seating provided for people with disabilities at programs, community events, etc. held by the City: If no, please describe:					
6. Are you aware of any City programs, services or activities that are <b>not accessible</b> to individuals with disability? If yes, please describe:					
7. Are you aware of any areas and elements of the City that are <b>not accessible</b> to individuals with disabilities? If yes, please describe:					
8. If you have requested City auxiliary aids, interpreters, or specialized equipment, was your request accommodated? If no, please describe:					
9. Is there adequate directional and informational signage provided at City facilities? If no, please describe:					
10. Do you know who to contact at the City to request accommodations for yourself, a relative, or a friend with a disability? If yes, who would you contact?					
11. Is the attitude of the City (or its employees) toward you, or someone you know with a disability, generally helpful, supportive, positive and proactive in solving accessibility issues? Please describe:					

12. Are there any areas of the City you or someone you know with a disability cannot access? If yes, please describe:					
13. What do you feel should be the <b>highest priority</b> for the City of Greensboro to improve accessibility in the City?					
14. What recommendations do you have for making City services, programs or facilities more accessible?					
15. Other comments or concerns:					

Thank you for your input. Please return this survey to:

Donna Gray  
 Community Relations Manager & ADA Coordinator  
 300 W. Washington Street  
 PO Box 3136  
 Greensboro, NC 27401  
 E-Mail: [communityrelations@greensboro-nc.gov](mailto:communityrelations@greensboro-nc.gov)  
 Telephone: (336) 373-2723

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