



# ACHD Self-Evaluation and Transition Plan Appendix D: Self-Evaluation Questionnaire Questions

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Adopted April 2019 by Resolution 2272

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## ACHD ADA Self-Evaluation Questionnaire

### Introduction: Americans with Disabilities Act Programs, Services, and Activities Questionnaire

#### **BACKGROUND:**

The Ada County Highway District (ACHD) is updating its Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan. As part of this process, you are requested to complete a self-assessment questionnaire that addresses the availability of services, policies, and practices for the public. Examples of services, policies, and practices include: obtaining a permit, participating in a District program, or attending a public meeting such as a Commission meeting.

While some of the questions relate to ACHD employee actions and training, the Self-Evaluation does not address employee-related work issues, which are covered under Title I of the ADA. All questions should be answered as they pertain to services, policies, and practices provided to the public.

Topics addressed in the Program Accessibility Questionnaire include:

- Description of Program Activities
- Accessible/Adaptive Equipment
- Customer Service
- Notice Requirements
- Printed Information
- Television and Audiovisual Public Information
- Website
- Telephones and Communication Devices
- Training and Staffing
- Program Eligibility Requirements and Admission
- Public Meetings
- Transportation Services
- Tours and Trips
- Emergency Evacuation Procedures
- Special Events and Private Events on Public Properties

The questionnaire can take 15 to 30 minutes to complete. Please respond to the questionnaire by February 2, 2018. Responses will be sent directly to MIG. If you have any questions or need further assistance, please contact Heather Buczek at (503) 297-1005 or [heatherb@migcom.com](mailto:heatherb@migcom.com).

The online questionnaire can be found at [https://www.surveymonkey.com/r/ACHD\\_ADA](https://www.surveymonkey.com/r/ACHD_ADA)



## ACHD ADA Self-Evaluation Questionnaire

### General description of the programs

**“Programs” refers to services, policies, and practices offered to the public.**

**Each division, department, or program that provides direct public service should complete a questionnaire. For example, the Office of the Chief of Staff could complete one questionnaire for Commuteride, one for Surplus Property, another for Communications, and so forth.**

**If you have questions about how many questionnaires to complete, please email Heather Buczek at [heatherb@migcom.com](mailto:heatherb@migcom.com).**

\* 1. Name of Division/Department/Program:

\* 2. Name and title of person completing this questionnaire:

3. Telephone number:

4. Email:

\* 5. Program name(s) and brief description of what your program does:

\* 6. Date program questionnaire filled out:

Date:

MM/DD/YYYY



## ACHD ADA Self-Evaluation Questionnaire

### ACCESSIBLE/ADAPTIVE EQUIPMENT

\* 7. Do you allow members of the public to use electronic equipment such as self-serve copying machines, computers, work stations, etc.?

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

If yes, please describe the electronic equipment the public is allowed to use:



## ACHD ADA Self-Evaluation Questionnaire

### ACCESSIBLE/ADAPTIVE EQUIPMENT CONTINUED

\* 8. Do you ensure that electronic equipment is accessible to and usable by individuals with disabilities? For example, having a self-serve computer located at an accessible workstation.

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

If yes please describe how you ensure that the equipment is accessible:

\* 9. Are auxiliary aids (such as a moveable light source, adjustable worktable levels, paper and pen, etc.) provided to assist persons with disabilities when requested?

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

If yes, please describe.



CUSTOMER SERVICE

\* 10. Does your division or department make changes to standard operating procedures to include a person with disabilities? For example, moving an event to an accessible location?

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

If yes, please describe the policy to make changes in standard operating procedures:

\* 11. Is there a formal procedure for making changes to standard operating procedures?

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

If yes, please describe the procedure.

\* 12. Does your program charge an additional fee to people with disabilities for modifying programs or providing additional services?

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

If yes, please describe.

13. Does your division or department have any policies which exclude service animals, such as service dogs for the blind or signal dogs for the hearing impaired?

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

If yes, please describe your policy on service animals.



## ACHD ADA Self-Evaluation Questionnaire

### NOTICE REQUIREMENTS

\* 14. Do you have a non-discrimination statement that includes persons with disabilities?

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

Comments:



\* 15. Is a non-discrimination statement that includes information about how to reach the ADA coordinator posted in all divisions and departments in a location that maximizes public exposure?

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

If yes, please describe where the non-discrimination statement is posted.

\* 16. Do you know the procedure for filing a disability discrimination complaint?

- Yes
- No
- Don't know

If yes, please describe the procedure for filing a discrimination complaint.



ACHD ADA Self-Evaluation Questionnaire

PRINTED INFORMATION

\* 17. Does your division or department produce printed materials that are made available to the public?

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

Comments:



## ACHD ADA Self-Evaluation Questionnaire

### PRINTED INFORMATION CONTINUED

\* 18. Who manages your printed materials?

- My division/department manages printed material
- Printed materials are managed centrally
- Both division/department and central management
- Don't know

Comments:

\* 19. How do you make documents and publications available to individuals with visual disabilities? (check all that apply):

- Do not provide any alternative formats upon request
- Don't know
- Audiotape
- Braille
- Electronic Copy
- Large print

Other: please list

\* 20. Do you make the content of documents and publications available in simple, easy-to-understand language for individuals with learning disabilities?

- Yes
- No
- Don't know

Comments:

\* 21. Does your division or department include images of people with disabilities in printed materials that include images of people?

- Yes, we include photos of people with disabilities
- No, we include photos of people, but do not show any images of people with disabilities.
- Do not include any photos of people in publications
- Don't know

Comments:



## TELEVISION AND AUDIOVISUAL INFORMATION

\* 22. Does your division or department prepare audiovisual or televised presentations or website demonstrations/webinars for the public or make audiovisual presentations to the public?

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

Comment:



## ACHD ADA Self-Evaluation Questionnaire

### TELEVISION AND AUDIOVISUAL INFORMATION CONTINUED

\* 23. How do you make audiovisual, televised, or on-line presentations prepared or presented to the public by your division or department accessible to individuals with disabilities? Please check all that apply.

- Captioning
- Transcription
- Do not provide alternative formats upon request

Please list other alternative formats:

\* 24. What type of audiovisual presentations (film, videotape, television) does your division or department provide?



## ACHD ADA Self-Evaluation Questionnaire

### WEBSITE

\* 25. Does your division or department have a page on the District's website?

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

If yes, please list the website:



## ACHD ADA Self-Evaluation Questionnaire

### WEBSITE CONTINUED

\* 26. Is information regarding your division/department's programs and services created and managed by the division/department or by others?

- By others
- By the division/department
- A combination

Please describe.

\* 27. What information is provided on this site?

\* 28. Does your division or department's website include information about accessibility of facilities (parking, bathrooms, assistive listening devices, etc.) where programs or services are offered?

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

If yes, please describe briefly what information is provided about accessibility:

\* 29. Does your department ensure that its website is usable by individuals with disabilities, including those who use speaking browsers?

- Yes
- No
- Don't know

If yes, please describe the process for testing website accessibility:

\* 30. Are the documents provided on your website for downloading accessible to persons with visual disabilities?

- Yes
- No
- Don't know

If yes, please describe briefly how downloadable files are tested for accessibility:



## ACHD ADA Self-Evaluation Questionnaire

### TELEPHONES AND COMMUNICATION DEVICES

\* 31. Do you communicate by telephone with members of the public with hearing or speech disabilities?

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

Comments:



## ACHD ADA Self-Evaluation Questionnaire

### TELEPHONES AND COMMUNICATION DEVICES CONTINUED

32. Do any staff members use a Text Telephone (TTY) to communicate with people with hearing or speech disabilities?

- Yes
- No
- Don't know

If yes, list the location, telephone number, and organization in which the TTY number is listed:

\* 33. Do any staff members use the Telecommunications Relay Service (711)?

- Yes
- No
- Don't know

Comments:

\* 34. Do you publish your TTY number or Telecommunications Relay Service numbers in materials where a phone number is listed?

- Yes
- No
- Don't know

Comments:

\* 35. Do you train your staff in operating a TTY or other means of communicating over the telephone with a person with a hearing or speech disability?

- Yes
- No
- Don't know

Comments:



ACHD ADA Self-Evaluation Questionnaire

TRAINING AND STAFFING



\* 36. Do any staff members have contact with the public?

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

Comments:

\* 37. How do you inform staff members who have contact with the public of your department's obligations and policies that enable persons with disabilities to participate in programs or activities?

\* 38. Does staff Harassment and Diversity training incorporate information about interacting with people with disabilities?

- Yes, staff training incorporates this information
- Don't know
- No, staff training does not incorporate this information

If yes, please describe your staff training process:



## ACHD ADA Self-Evaluation Questionnaire

### PROGRAM PARTICIPATION

39. Do you have any programs that are available for public participation? Examples: bike counts, committee membership, and Commuteride.

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



## ACHD ADA Self-Evaluation Questionnaire

### PROGRAM ELIGIBILITY REQUIREMENTS AND ADMISSION

\* 40. If a program has eligibility requirements for participation by the public, do the eligibility requirements contain any of the following?

For example, your program offers volunteer opportunities available to the public that would require an individual to meet specific physical fitness standards such as lifting 40 lbs or walking up and down stairs.

- There are no eligibility requirements
- Don't know
- Physical fitness standards
- Mental fitness
- Performance requirements
- Safety Standards

If yes, how do you ensure that these policies do not discriminate against people with disabilities?

\* 41. Are there any limitations or ratios for the number of people with disabilities who may participate in or be admitted to any division or department program? For example exams, testing for level of ability, age requirements, etc.

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

If yes, please describe the limitations and programs:

\* 42. Does your program use any criteria (for example good health, residency, letters of recommendation) or written and/or oral tests (including level of skill or achievement, or other factor being tested) in the admissions process?

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

If yes, please list the participation requirements.

\* 43. Are there any forms required for admission to the program (for example, tests and/or the submission of other admissions criteria such as certificates?).

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

If yes, please send sample forms to [heatherb@migcom.com](mailto:heatherb@migcom.com).

\* 44. Do the forms contain a notice that ACHD does not discriminate against people with disabilities?

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

Comments:

\* 45. Is an interview required prior to an applicant's entrance into the program?

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

Comments:



## ACHD ADA Self-Evaluation Questionnaire

### PUBLIC MEETINGS

\* 46. Does your division or department hold public meetings?

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

Comments:



## ACHD ADA Self-Evaluation Questionnaire

### PUBLIC MEETINGS CONTINUED

\* 47. Do you require that public meetings, hearings, and conferences be held in accessible locations?

- Yes
- No
- Don't know

Comments:

\* 48. Are American Sign Language interpreters, readers, or adaptive equipment provided when requested for meetings, interviews, and conferences?

- Yes
- No
- Don't know

If yes, how much advanced notice is required to provide accommodations?

\* 49. Do you ensure that all individuals with hearing disabilities who do not read sign language can participate effectively in meetings, conferences, and hearings via assistive listening devices or other means?

- Yes
- No
- Don't know

Comments:



## ACHD ADA Self-Evaluation Questionnaire

### TRANSPORTATION SERVICES

\* 50. Do you provide transportation to volunteers, program participants, visitors, and others who participate in your programs, or as a program?

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

Please describe.

\* 51. Do you have procedures to make transportation accessible to persons who have visual, hearing, mobility, cognitive, or other disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe the procedures.



## ACHD ADA Self-Evaluation Questionnaire

### TOURS AND TRIPS

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\* 52. Does your division or department provide facility tours or organize trips for members of the public?

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

If yes, please list the tours and trips.

\* 53. Do you have procedures to make tours and trips accessible to persons who have visual, hearing, mobility, cognitive, emotional, or other disabilities?

- Yes
- No
- Don't Know
- Not Applicable

If yes, please describe the procedures.



ACHD ADA Self-Evaluation Questionnaire

EMERGENCY EVACUATION PROCEDURES

\* 54. Do you notify individuals with visual, hearing, mobility, cognitive, emotional, or other disabilities of emergencies and evacuation procedures?

- Yes
- No
- Don't Know
- Not Applicable

If yes, describe the equipment and/or procedures do you use to notify individuals with visual disabilities of emergencies and evacuation procedures:



## ACHD ADA Self-Evaluation Questionnaire

### SPECIAL EVENTS AND PRIVATE EVENTS ON PUBLIC PROPERTIES

\* 55. Does your division or department organize special events or do you help facilitate private events on ACHD properties?

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

If yes, please describe briefly the type of event and what types of outside organizations are involved.



\* 56. Do you ensure that both private entities and your staff are aware of their obligations to facilitate participation of individuals with disabilities in these special events or private events held on public property?

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

If yes, please describe your department's procedures.



## ACHD ADA Self-Evaluation Questionnaire

### LAST QUESTION

57. Thank you for completing this questionnaire. This is the last question.

Do you have any accessibility questions for us? Please use this box below for any other questions or comments.

When you are done with the questionnaire, please click on the "done" button. Once you click on the "done" button, you will not be able to edit or change your answers to this survey.

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