

Survey for Cordova Recreation & Park District

Program and Facility Users

The 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)

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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 Cordova Recreation & Park District 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 Cordova Recreation & Park District? (check all that apply)

Resident

Visitor

Contractor

Employee

Participant of a Program, Service or Activity

Other

If other please describe.

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1. 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.

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1. 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

No

If yes, who would you contact?

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1. Have you ever requested an accommodation for a disability from the District?

Yes

No

Not Applicable

Don’t Know

1. If an accommodation was requested, was your accommodation made by the District?

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?

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1. 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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1. Have you attended any special events in the District?

Yes

No

If yes, did you encounter any barriers to accessibility?

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1. 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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1. 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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1. 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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1. 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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1. 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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1. 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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1. Has the attitude of the staff of the Cordova 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.

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1. Other comments:

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1. What do you feel is the highest priority for accessibility in the Cordova Recreation & Park District Accessibility Plan?

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Additional copies of the survey, in hard copy or electronic format, can be obtained from Andrea White, at (916) 842-3315 or [Awhite@crpd.com](mailto:Awhite@crpd.com).

Please return this survey by January 9, 2018 to:

Andrea White, Human Resource Manager/ADA Coordinator

Cordova Recreation & Park District

2729 Prospect Park Drive, Suite 230

Rancho Cordova, CA 95670

By email to awhite@crpd.com

Thank you for your input!