



## ADA Public Input Survey

Town of Amherst is in the process of updating its Americans with Disabilities Act (ADA) Self-evaluation and Transition Plan. As part of this process, the Town is asking for your input by completing this survey which addresses accessibility of programs, services, activities and events offered to the public.

The purpose of this survey is to gather information on how Town of Amherst department programs, services, activities or events are, or are not, accessible to persons with disabilities.

1. **Optional:** Please complete the following:

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I wish to remain anonymous

2. What role most adequately describes your association with the Town and the representation you are providing?

Member of the public with a disability

Member of the public without a disability

Relative or caregiver of a person with a disability

Town volunteer

Other: \_\_\_\_\_

3. Do you participate in programs, services, activities or events offered by the Town?

No

Yes - Please list: \_\_\_\_\_

Not applicable

4. 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?

No - I do not know who to contact

Yes - Please list who you would contact: \_\_\_\_\_

5. Have you ever requested an accommodation for a disability from the Town?

No

Yes - Please describe the request: \_\_\_\_\_

\_\_\_\_\_

6. Was your accommodation provided?

- No
- Yes
- Yes, but I was unsatisfied with how the accommodation was provided - Please elaborate:

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7. Is the attitude of Town staff towards persons with disabilities generally helpful, supportive, positive, and proactive in solving accessibility issues?

- No – Please explain: \_\_\_\_\_
- Yes
- Somewhat
- Don't Know

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8. Are you aware of any specific concerns, complaints, or problems regarding access for persons with disabilities to any of the programs, services, or activities provided by the Town?

- No
- Yes - Please describe: \_\_\_\_\_

9. Do you know who the designated ADA Coordinator is for the Town?

- No
- No, I have not had a need or reason to seek out this person.
- Yes - Please provide the name: \_\_\_\_\_

10. What do you feel should be the Town's highest priority to improve accessibility for persons with disabilities? (i.e. – improvements to accessing public facilities, providing specific hearing and visual aids for events and public meetings, providing more accommodations for persons with disabilities, etc.)

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Please return this survey by July 11, 2020 to:

Maureen Pollock, ADA Coordinator

Town of Amherst

4 Boltwood Avenue

Amherst, MA 01002

By email: [pollockm@amherstma.gov](mailto:pollockm@amherstma.gov)

Phone: (413) 259) 3120