Survey for City of Los Alamitos Program and Facility Users

The City is seeking input from agencies, organizations and individuals with disabilities to help the City enhance accessibility to its facilities, programs, services and events. The survey should be returned to Jason Al-Imam, ADA Coordinator, at 3191 Katella Avenue, Los Alamitos, CA 90720.

First Name (Optional) Last Name (Optional) Date (Optional)

Address (Optional)

Phone (Optional)

E-mail address (Optional)

Name of City of Los Alamitos facility or location, or type of program or service for which you are providing input

1. What is your relationship to the City of Los Alamitos? (check all that apply)

☐ Resident 
☐ Visitor 
☐ Contractor 
If other please describe.

☐ Employee 
☐ Participant of a Program, Service or Activity 
☐ Other

2. Check all programs, service or activities in which you participate at the facility, site or location.

☐ Classes 
☐ Recreation 
☐ Meetings 
☐ Sporting Events 
If other please describe.

☐ Seminars 
☐ Work (Volunteer) 
☐ Work (Employee) 
☐ Other

3. 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?
4. Have you ever requested an accommodation for a disability from the City?
☐ Yes
☐ No
☐ Not Applicable
☐ Don’t Know

5. If an accommodation was requested, was your accommodation made by the City?
☐ 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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6. 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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7. Have you attended any special events in the City?
☐ Yes
☐ No
If yes, did you encounter any barriers to accessibility?
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____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
8. 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.
____________________________________________________________________________________
____________________________________________________________________________________

9. 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.
____________________________________________________________________________________
____________________________________________________________________________________

10. 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.
____________________________________________________________________________________
____________________________________________________________________________________

11. 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.
____________________________________________________________________________________
____________________________________________________________________________________
12. 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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____________________________________________________________________________________
____________________________________________________________________________________

13. 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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

14. Has the attitude of the staff of the City of Los Alamitos 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.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

15. Other comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

16. What do you feel is the highest priority for accessibility in the City of Los Alamitos Accessibility Plan?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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