



## VENUE ACCESSIBILITY SURVEY

This survey should be completed before use of the proposed facility.

**Please return this survey to:**

**Organization Name:**

**Contact Person:**

**Address:**

**Email:**

**Telephone:**

Name of Site or Venue \_\_\_\_\_

Address of Site or Venue \_\_\_\_\_

Name of organization: \_\_\_\_\_

Name and Title of person completing survey: \_\_\_\_\_

Email address: \_\_\_\_\_

Date survey completed: \_\_\_\_\_ Contact phone #: \_\_\_\_\_

Does this facility have an access coordinator?     Yes                       No

If yes, provide that person's name: \_\_\_\_\_ Phone # \_\_\_\_\_

### **Site/Venue Accessibility**

Is this venue accessible to people with disabilities?

- Yes    How are you sure of this answer? [check all that apply]
  - Our organization conducted a comprehensive survey of the venue
  - A qualified architect or other professional conducted a comprehensive survey of the venue
  - Other – explain: \_\_\_\_\_
  
- No    The venue is not currently accessible. However, we offer the following reasonable accommodations and we have an adequate ADA plan to make the venue accessible in a reasonable timeframe. Describe accommodations: \_\_\_\_\_

Using the chart below, please indicate the services that would be available to participants of the program:

Accommodation	Accommodation or service is available without prior request	Accommodation is available upon request. If so, include length of advance notice required	If not applicable, write "NA"
Assistive Listening System	<input type="checkbox"/>	<input type="checkbox"/>	
Sign Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	
Audio Description	<input type="checkbox"/>	<input type="checkbox"/>	
Open Captioning	<input type="checkbox"/>	<input type="checkbox"/>	
Tactile Exhibits	<input type="checkbox"/>	<input type="checkbox"/>	
Braille Publications	<input type="checkbox"/>	<input type="checkbox"/>	
Large Print Publications	<input type="checkbox"/>	<input type="checkbox"/>	
Publications on audio cassette	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**Sensitivity Training**

Have key personnel having contact with the public been provided with appropriate information/training in disability awareness and service to audiences with disabilities?

- Yes                       No

**Employment**

Does the facility/organization have a board approved policy that states that it will not discriminate against potential staff, volunteers, artists or others due to a disability in the engagement for services?

- Yes                       No

**Grievance Procedure:**

This organization/facility has a procedure for addressing grievances or complaints in regard to accessibility for people with disabilities. Briefly explain the procedure.

*Thank You!*