



ACCESSIBILITY SURVEY

Question 1

- Which community do you live in? _____

- What is your age range? 18 or under / 19-49 / 50-75 / over 75

- Are you a person with a disability? Y / N

- If YES, which of the following is affected. Circle all that apply.

Mobility / Hearing / Sight / Pain / Dexterity / Cognitive (including learning & memory) / Other:

Question 2

Please check all that apply to you:

_____ Family member, friend or caregiver of a person with a disability

_____ Employed or volunteer at an organization that provides services to people with disabilities

_____ Resident of the Municipality of Barrington

_____ Work in the Municipality of Barrington

_____ Business Owner in the Municipality of Barrington

_____ Other

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Question 3

Have you encountered any barriers to access any municipally owned facility and/or building? If so, please describe the situation below.

Question 4

Have you encountered any barriers to participating in a municipal program or activity? if so, please describe the situation in the space below.

Question 5

What are some ways to remove accessibility barriers in the municipality that could be done right away and that wouldn't cost a lot?

Question 6

What accessibility improvements would you make to the municipality in the long term that would have the biggest impact?
