



Accessibility Questionnaire

The purpose of this questionnaire is to help our organization and the services we provide to be accessible to our employees and the public, including persons with disabilities.

1. Do you feel you have any of the following impairments? (Select all that apply)

- Visual impairment
- Hearing impairment
- Mobility impairment
- Cognitive impairment
- Multiple impairment
- Other
- N/A

Please specify: _____

2. Do you feel you identify as a person with a disability?

- Yes
- No

3. Are you satisfied with the current accessibility measures in our workplace? Ex. Zero-step entrances, accessible restrooms, push automatic openers at the front entrance, etc..

- Extremely satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Extremely dissatisfied

4. Do you feel that workplace accessibility affects your overall job performance?

- Yes
- No
- Somewhat

Please specify: _____

5. Does our organization provide training on diversity, inclusion, disability awareness and accessibility?

- Yes
- No

6. Are there policies and procedures in place to ensure our workplace is free from discrimination and harassment?

- Yes
- No

7. Are you aware of any harmful attitudes regarding people with disability in our workplace?

- Yes
- No

8. Is there a safe drop-off and collection point for people using taxis with clear, barrier-free access to the building?

- Yes
- No

9. Is there a clear, accessible path of travel from the street to the building that has direct access with no stairs or other barriers or obstacles?

- Yes
- No

10. Are all of the building facilities accessible? This includes a restroom, a meeting area, and a shared workplace facility such as a kitchen area?

- Yes
- No

Please specify: _____

11. Are there any physical barriers that hinder your accessibility in our workplace?

- Yes
- No

Please specify: _____

12. What improvements would you suggest to enhance workplace accessibility? (Select all that apply)

- Better signage and wayfinding
- Improved lighting
- Accessible meeting and conference rooms
- Inclusive policies and practices
- Regular accessibility audits and evaluations
- Other

Please specify: _____

13. Is our workplace clear of clutter and barrier-free? Ex. Are there any items stored in hallways or in an accessible restroom.

- Yes
- No

Please specify: _____

14. Is the signage outside and inside our workplace large, clear and easy to read?

- Yes
- No

Please specify: _____

15. Are signs and room labels positioned in a place where people will be able to locate them easily?

- Yes
- No

Please specify: _____

16. Is the signage at an appropriate height and position so it does not create an obstacle for people to navigate around? Ex. The signage is not where it may create a hazard or reduce access.

- Yes
- No

Please specify: _____

17. Is the technology which controls services accessible? Ex. Technology used in conference rooms or meeting facilities (audio-visual equipment, conference phones, screens and computers).

- Yes
- No

Please specify: _____

18. Is the technology or programs used for training user friendly? Ex. Clear instructions, easy to follow?

- Yes
- No

Please specify: _____

19. Is the technology currently used acceptable to attendees? Ex. Are speakers audible? Projection clear at a distance?

- Yes
- No

Please specify: _____

20. Do you find training sessions or meetings difficult to follow? Ex. Is the language too technical?

- Yes
- No

Please specify: _____

21. Is there anything else you would like to share regarding our workplace and accessibility?

Thank you for your time.