

ADA Public Input Survey



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

The purpose of this survey is to gather information on how City of Irwindale programs, services, activities or events are, or are not, accessible to persons with disabilities. The goal is that when each program, service or activity is viewed in its entirety, it is readily accessible to and usable by 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 City 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

City volunteer

Other: _____

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

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 City?

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:

- Not applicable

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

- No – Please explain: _____

- Yes
- Somewhat
- Do not know

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 City?

- No
- Yes - Please describe: _____

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

- 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 City'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.)

Please return this survey by January 30, 2026 to:

Mary Hull, ADA/504 Coordinator

City of Irwindale

5050 Irwindale Avenue

Irwindale, CA 91706

By email: ada@irwindaleca.gov

Phone: (626) 430-2204

TDD: by California Relay at 7-1-1