

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_

---

## OPEN ACCESS

---

1. What is currently being done in your workplace to accommodate customers with disabilities?

2. What are barriers that might exist in your workplace for customers with disabilities?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

3. What can be done by staff and administration to remove or decrease these barriers?

4. Have you helped any customers with a disability? Yes/No

How did you interact with them?	How could you improve?

5. Does your business offer CVTD bus route maps for clients?                      Y                      N

6. Is there a bus stop nearby your workplace?    Y                      N

- If so what is the bus number and stop information that you could relay to a customer who might have mobility challenges?

7. What are ways that your workplace could encourage the use of other forms of transportation, besides personal vehicles, for employees and customers?

8. How do you think carpooling could work best at your workplace?

9. Is telecommuting an option or working from home?                      Y                      N

10. Do you bike to work? Y/N    Could you walk? Y/N    Could you ride the bus from home? Y/N