



**Members of the Board**

Bobbie Singh-Allen  
Carmine S. Forcina  
Beth Albiani  
Chet Madison, Sr.  
Dr. Crystal Martinez-Alire  
Anthony "Tony" Perez  
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Robert L. Trigg Education Center, Rm 203  
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**Scott Nelson**

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**Disability Survey Questionnaire**

The purpose of this survey is to collect information relative to the Elk Grove Unified School District’s provision of programs, services and activities (PSAs) to individuals with disabilities in accordance with the Americans With Disabilities Act (ADA). If you need assistance in completing this survey, please contact the ADA Compliance Officer in the Risk Management Department as indicated above. If you have additional information or need additional space for your responses, you may use the reverse side of this form or additional sheets of paper. You may submit your completed questionnaire to your local school, any District facility, or to the Risk Management Department.

**Program/Service/Activity (PSA) Information:** *This section solicits information about a particular PSA offered by the District.*

Name of PSA:

Date of PSA:

Name/Title of EGUSD employee responsible for the PSA:

Describe any comments or concerns you have about access to this PSA:

**Facilities:** *This section solicits information about accessibility to and within our facilities, property and buildings.*

Name or description of facility:

Location (address or description/location of any barriers):

Date you tried to obtain access:

Describe any comments or concerns you have about access to and/or within this facility:

*Please complete the reverse side*



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**Comments/Suggestions:** *Any other comments, concerns, suggestions or additional information you would like to express regarding accessibility to our facilities and PSAs.*

**Contact Information:** *You may submit this survey anonymously. However it may be necessary for us to contact you for clarification or for further information so we can effectively address any concerns you have raised. Please complete the portions below to enable us to contact you.*

Your Name:

Address:

Phone (Voice):

Phone (TDD):

Fax:

Email:

Would you like to be notified of our response to your survey? Yes No

*You may submit your completed questionnaire to your local school, any District facility, or to the Risk Management Department.*

*Thank you for completing this survey.*