



Accessibility Survey

Town of Osoyoos

We need your help to make Osoyoos a more accessible place for people with disabilities!

The purpose of this survey is to record your experiences using Town facilities. The results of this survey will be incorporated into the Accessibility Plan that the Town of Osoyoos is completing. This information will help ensure that Town programs and services are accessible to people with disabilities and will assist in implementing physical Town improvements that need to be made in the future.

For alternate survey formats or to drop off in person, please contact Community Services at 250-495-6562 or recreation@osoyoos.ca

Sonora Community Center
8505 – 68 Avenue

First, we'd like to learn a little bit about you and how you get around.

1. Please check all that applies to you.

- A person with a disability
- Family member, friend, or caregiver of a person with a disability
- Employed or volunteered at an organization that provides services to people with disabilities.
- Merchant or businessperson
- Resident of Osoyoos
- Resident of RDOS, Area "A"
- Employed within Osoyoos
- Employed within RDOS, Area "A"

I do not work or live in Osoyoos or Area "A", but I visit sometimes to see friends or family, shop, or for other reasons.

Other (please specify)

2. How often do you visit or access any Town-owned facility or building (Recreation Facilities, Town Hall, Marina, etc)?

Weekly

Monthly

Several times a year

Never

3. How do you travel to Town-owned facilities or buildings?

Bus

Car

Bike

Walk

Other (please specify)

4. Have you encountered any barriers to accessing any Town-owned facility or building? If so, please describe the situation below.

5. Do you participate in any Town programs or activities? (e.g. fitness classes, summer parks and recreation programs, Town council meetings, etc.)

- Yes
- No

Please check all that apply.

- Summer Program
- Fitness Classes
- Recreation Programs
- Town Council Meetings
- Public Open House Forum
- Other (Please Specify)

6. Have you encountered any barriers to participating in a Town program or activity? If so, please describe the situation in the box below.

- Yes
- No
- Other (please specify)

7. Do you use a regular or electric wheelchair?

- Yes, always
- No
- Sometimes

8. Do you use a walker or crutch?

- Yes, always

No

Sometimes

9. Do you have impaired vision?

Yes

No

10. Do you have impaired hearing?

Yes

No

11. Which of the situations listed below makes navigating a sidewalk and curb ramp most difficult? Select your top 3 choices.

The sidewalk/Ramp is too narrow

No curb ramp where one is needed

Overgrown plants

Moveable objects blocking the way (e.g. car or newspaper box)

Lack of texture or color contrast

Fixed objects blocking the way (e.g., light pole)

Curb Ramp is too steep

Curb Ramp has a slippery surface

Bumpy transition at the top and/or bottom of the curb ramp

Other (Please Specify)

12. Which of the situations listed below makes navigating a traffic signal most difficult?

- Not enough visible crossing information for persons with vision impairment
 - Not enough audible crossing information for persons with hearing impairment
 - Crosswalk button out of reach of a curb ramp
 - Crosswalk timer too short to cross the street
 - Other Please specify)
-
-

13. Which of the destinations below are most important to address for increased accessibility? Select your top 5 choices.

Not all facilities are owned or operated by the Town of Osoyoos

- Medical buildings (hospitals, clinics, doctor's offices)
- Office buildings or other places where people work
- Government offices
- Bus stops
- Post offices
- Parks
- Places where people shop
- Libraries
- Schools
- Marina
- Recreation Facilities

Other (please specify)

14. If you have specific problems getting around on Town of Osoyoos streets because of missing, inaccessible, or damaged sidewalks and/or ramps, traffic signals that do not help you safely cross the street, or objects in your way, please tell us about the specific problem and location.

15. Do you have other accessibility concerns?

Complete

Thank You

Optional

Name:

Email: