

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

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

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## OPEN ACCESS

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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? Y / N

After viewing the training:

How well did you interact with them?

What could you do differently?

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|--|--|
|  |  |
|--|--|
5. Does your business offer CVTD bus route maps for clients/customers? 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 want to ride to your store or who have mobility issues?
  7. What are ways that your workplace could encourage the use of alternative forms of transportation (walking and biking) for employees and customers?
  
  
  
  
  
  8. How likely would it be that carpooling could be implemented at your workplace?