

CareerLink Survey: Questions for Persons with Disabilities

The Pennsylvania Statewide Independent Living Council, **Pennsylvania Client Assistance Program**, Speaking For Ourselves, and Pennsylvania Protection & Advocacy would like to know about your experience with CareerLink. We will use the information to help improve employment for persons with disabilities. We would also like to give the information to other groups that are also working to make CareerLinks fully accessible.

Check here if it is okay for us to forward your answers to other groups: _____

Please mail your completed survey to:
Pennsylvania Protection & Advocacy
c/o Disabilities Law Project
1315 Walnut Street, Suite 400
Philadelphia, PA 19107

Email: atech@dlp-pa.org

Fax: 215-772-3126

Phone: 800-692-7443, ext. 101 (voice); 877-375-7139
(TTY)

You may take this survey online at www.ppainc.org. There is a link to the online survey at www.pasilc.org, **www.equalemployment.org**, and www.parac.org.

1. Name and location of CareerLink office that you visited:

2. Date (month and year) that you visited the CareerLink:

3. Please check if you used any of the following when visiting the CareerLink:

_____ Manual wheelchair

_____ Motorized wheelchair or scooter

_____ Cane or walker

_____ Augmentative communication device

_____ Service animal or emotional support animal

_____ Other (please explain: _____)

4. If you used TTY to contact the CareerLink, was the TTY working?

Yes: _____ No: _____ Did not use TTY: _____

5. How did you get to the CareerLink office?

_____ Drove self; family or friend drove me

_____ Accessible public transportation

_____ Paratransit

_____ Taxi

_____ Agency drove me

_____ Other (please explain:
_____)

6. Were you able to get into the CareerLink office?

Yes: _____ No: _____

a. If no, please check the reason(s):

____ Could not get up steps—no ramp

____ Door was too heavy—no automatic door

____ No sign to show where accessible entrance was

____ Other (please explain:
_____)

7. Were you able to move around freely inside the CareerLink office?

Yes: _____ No: _____

a. If no, please check the reason(s):

____ Could not get up steps—no elevator

____ Hallways, aisles, and/or doorways were not wide enough

____ Pathway was not clear

____ Other (please explain:
_____)

8. Did you, because of your disability, ask for any of the following from CareerLink staff or training staff? Please check all that apply:

- Help filling out forms or applications
- Having materials read aloud
- Assistive listening device, such as FM system
- Magnifier for reading
- Materials in Braille
- Materials in large print
- Sign language interpreter
- Allow service animal or emotional support animal inside
- Help using the CareerLink computer
- Specialized equipment or software for using CareerLink computer
- Other (please explain:
_____)
- I did not ask for help or special equipment

b. Did you get the help or special equipment that you asked for?

Yes: _____ No: _____

c. If no, please check the reason(s):

Staff did not know what I was asking for

_____ Staff did not know how to get what I was asking for

_____ Staff said that I was not entitled to what I was asking for

_____ Staff said that there was no money for what I was asking for

9. Were you able to get into and use the restroom at the CareerLink?

Yes: _____ No: _____ Did not try: _____

a. If no, please check the reason(s):

_____ Pathway to restroom was not accessible

_____ Doorway to restroom was not wide enough

_____ Door was too heavy—no automatic door

_____ Toilet or sink was not accessible

_____ Other (please explain: _____
_____)

10. Was training held in an accessible location?

Yes: _____ No: _____ I did not go to training: _____

11. Please check if CareerLink referred you to the following:

_____ Office of Vocational Rehabilitation (OVR)

_____ Other (please explain: _____
_____)

12. Did you get a job by using CareerLink services?

Yes: _____ No: _____

13. If you had a problem at the CareerLink office, please check if you complained to:

_____ CareerLink staff

_____ Office of Equal Opportunity*

_____ Civil Rights Center-Department of Labor*

_____ I did not make a complaint

a. Please check to explain what happened with your complaint:

_____ They took care of the problem to my satisfaction

_____ They addressed the problem but I am still not satisfied

_____ They did not address the problem at all

*There is a 180-day deadline to make a complaint to the Office of Equal Opportunity or Civil Rights Center-Department of Labor.

14. Please share (other) good experiences that you had at CareerLink:

15. Please check your age:

_____ Under 16

_____ 16 – 20 years old

_____ 21 and older

16. Please check the type of disability that you have:

_____ Physical

_____ Cognitive

_____ Mental health, psychiatric, emotional

_____ Other (please explain:
_____)

17. If we may contact you, please give us your name, address, telephone number, and email address:

Name: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____@_____._____

18. Other comments:

If you have a specific complaint about your ability to access vocational rehabilitation services through a CareerLink, you may contact the Client Assistance Program by calling 215-557-7112 (voice/TTY) or 888-745-2357 (toll free voice/TTY), or emailing Jamiecray@aol.com.