## **Survey for Organizations Representing Individuals with Disabilities**

A	1639	Name of organization	
638.	OSWORT ORPORE	Name of person completing form	
Ad	dress		
Ph	one		
En	nail		
pro Su Le	ovides for postured to its arm more a	ete the survey regarding programs, services and resources your organization persons with disabilities in the Town of Sudbury. Your input will assist the Town of dentify available resources and priorities for accessibility. about Sudbury's ADA Evaluation and Transition Plan at: <a href="https://www.ury.ma.us/townmanager/?p=1883">ury.ma.us/townmanager/?p=1883</a>	
1.		ect communications have you had with the Town regarding services and dations for individuals with disabilities?	
2.	Are you aware of any specific complaints or problems regarding access for individuals with disabilities to any of the programs, services, activities or events provided by the Town?		
3.	. What information or other resources can you supply to help educate or inform the Town about your organization and your services for individuals with disabilities?		
4.	. What general guidance, advice or assistance could your organization provide to the Town to protect against potential discrimination of individuals with disabilities in its programs, services, activities and events?		
5.		What do you feel is the highest priority for the Town to improve accessibility for individuals with disabilities?	

Please return this survey by April 14, 2021 to: **ADA** Coordinator Town of Sudbury 278 Old Sudbury Rd Sudbury, MA 01776

By email: ada@sudbury.ma.us

Phone: (978)639-3381

Thank you for your input!