

CareerLink Survey: Questions for Persons with Disabilities

The Pennsylvania Statewide Independent Living Council, Pennsylvania Client Assistance Program, Speaking For Ourselves, and the Disability Rights Network of Pennsylvania (a merger of Pennsylvania Protection & Advocacy and the Disabilities Law Project) 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.

Please mail your completed survey to:
Disability Rights Network of Pennsylvania
1315 Walnut Street, Suite 400
Philadelphia, PA 19107
Email: ckintisch@drnpa.org
Fax: 215-772-3126
Phone: 800-692-7443, ext. 311 (voice); 877-375-7139 (TTY)

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

Check here if it is okay for us to give your answers to others. We will not give out your name and contact information.

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 (for deaf) to contact the CareerLink, was the TTY working?

Yes: _____ No: _____ I 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: _____

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 Jamiocray@aol.com.