|  |  |
| --- | --- |
|  | Region \_\_ Disability Access Committee**Focus Group Report** |
| Date: \_\_\_\_\_\_\_, 2017 |

# Background:

* The State Workforce Development Board established a Disability Access Committee to lead a Statewide Disability Access Initiative to:
	+ 1. Ensure that Iowa’s one-stop delivery system meets all accessibility requirements for individuals with disabilities under the Iowa Civil Rights Act of 1965, as amended; the Americans with Disabilities Act of 1990, as amended; and the Workforce Innovation and Opportunity Act.
		2. Increase accessibility for individuals with disabilities to the programs, services, and activities of Iowa’s one-stop delivery system.
		3. Continuously improve for individuals with disabilities the provision of services within the one-stop delivery system.
		4. Improve opportunities for individuals with disabilities in competitive integrated employment.
	+ The Region \_\_ Disability Access Committee conducted a focus group of former, current, and potential one-stop center customers to gather customer feedback on \_\_\_\_\_\_\_\_\_\_\_\_, 2017.
* This Report contains the participant feedback and identified barriers gathered by the Disability Access Committee from the focus group.
* This Report’s findings include:
	1. Participant demographics;
	2. Summary of feedback on physical accessibility;
	3. Summary of feedback on customer service;
	4. Summary of feedback on accommodations and communication;
	5. Summary of feedback on membership process;
	6. Summary of feedback on workshops;
	7. Summary of feedback on one-stop center complaint process; and
	8. Additional findings.

# Focus Group Participant Demographics

## Individuals who are former customers of the one-stop center, current customers of the one-stop center, and potential customers of the one-stop center must be included.

## Participants must be individuals with a broad range of disabilities.

## The majority of participants must be individuals with disabilities.

## Individuals must range in age and represent youth (age 16-24), adults (age 25+), and aging individuals (age 55+).

|  |  |
| --- | --- |
| Participant Cohort | Number of Participants |
| Total Participants |  |
| People with Vision Impairment |  |
| People Who Are Deaf or Hard of Hearing |  |
| People with Cognitive or Intellectual Disability |  |
| People with Other Disabilities |  |
| Family Members of People with Disabilities |  |
| Providers of Services to People with Disabilities |  |
| Past Recipients of Services Through the One-Stop Center |  |
| Current Recipients of Services Through the One-Stop Center |  |
| Potential Recipients of Services Through the One-Stop Center |  |
| People Age 16–24 |  |
| People Age 25–54 |  |
| People Age 55+ |  |
| Disability Access Committee Members Present |  |
| People Who Identify as White |  |
| People Who Identify as a Race Other Than White |  |

# 2. Physical Accessibility

|  |
| --- |
| 2.1. Getting to the One-Stop Center |
| 1. Comment 1
2. Comment 2
 |
| 2.2. Transportation Used by Participants |
| 1. Comment 1
2. Comment 2
 |
| 2.3. Ease of Access Outside and Entering the Building |
| 1. Comment 1
2. Comment 2
 |
| 2.4. Ease of Access Throughout the Building |
| 1. Comment 1
2. Comment 2
 |
| 2.4. Accessibility of Signs Posted Around the One-Stop Center |
| 1. Comment 1
2. Comment 2
 |
| 2.5. Accessibility of Restrooms |
| 1. Comment 1
2. Comment 2
 |
| 2.6. Identified Barriers |
| 1. Comment 1
2. Comment 2
 |
| 2.7. Other |
| 1. Comment 1
2. Comment 2
 |

# 3. Customer Service

|  |
| --- |
| 3.1. Welcome Upon Entering One-Stop Center |
| 1. Comment 1
2. Comment 2
 |
| 3.2. Helpfulness of Staff |
| 1. Comment 1
2. Comment 2
 |
| 3.3. Lack of Helpfulness of Staff |
| 1. Comment 1
2. Comment 2
 |
| 3.4. Questions Answered by Staff in Helpful and Understandable Manner |
| 1. Comment 1
2. Comment 2
 |
| 3.5. Other |
| 1. Comment 1
2. Comment 2
 |

# 4. Accommodations and Communication

|  |
| --- |
| 4.1. Requesting an Accommodation |
| 1. Comment 1
2. Comment 2
 |
| 4.2. Providing Accommodations |
| 1. Comment 1
2. Comment 2
 |
| 4.3. Staff Responses to Accommodation Requests |
| 1. Comment 1
2. Comment 2
 |
| 4.4. Ability of Staff to Communicate Effectively |
| 1. Comment 1
2. Comment 2
 |
| 4.5. Accommodations That Would Be Most Useful |
| 1. Comment 1
2. Comment 2
 |
| 4.6. Areas Where Help Is Needed at the Center |
| 1. Comment 1
2. Comment 2
 |
| 4.7. Other |
| 1. Comment 1
2. Comment 2
 |

# 5. Membership

|  |
| --- |
| 5.1. Help Completing Membership |
| 1. Comment 1
2. Comment 2
 |
| 5.2. Type of Help Needed to Complete Membership |
| 1. Comment 1
2. Comment 2
 |
| 5.3. Clarity of Questions Asked in Membership |
| 1. Comment 1
2. Comment 2
 |
| 5.4. Explanation of Services Available |
| 1. Comment 1
2. Comment 2
 |
| 5.5. Tour of One-Stop Center |
| 1. Comment 1
2. Comment 2
 |
| 5.6. Other |
| 1. Comment 1
2. Comment 2
 |

# 6. Workshops

|  |
| --- |
| 6.1. Experience Participating in Workshops |
| 1. Comment 1
2. Comment 2
 |
| 6.2. Accommodations Needed to Participate in Workshops |
| 1. Comment 1
2. Comment 2
 |
| 6.3. Ease of Understanding Information Presented in Workshops |
| 1. Comment 1
2. Comment 2
 |
| 6.4. Recommendations on Presenting Information in Workshops |
| 1. Comment 1
2. Comment 2
 |
| 6.5. Availability of Staff to Provide Assistance |
| 1. Comment 1
2. Comment 2
 |
| 6.6. Other Potentially Helpful Workshops |
| 1. Comment 1
2. Comment 2
 |
| 6.7. Other |
| 1. Comment 1
2. Comment 2
 |

# 7. Complaint Process

|  |
| --- |
| 7.1. Awareness of Complaint Process |
| 1. Comment 1
2. Comment 2
 |
| 7.2. Responsiveness of Staff to Addressing Complaint |
| 1. Comment 1
2. Comment 2
 |
| 7.3. Follow-Up to Complaints |
| 1. Comment 1
2. Comment 2
 |
| 7.4. Resolution of Complaints |
| 1. Comment 1
2. Comment 2
 |
| 7.5. Additional Complaints |
| 1. Comment 1
2. Comment 2
 |
| 7.6. Other |
| 1. Comment 1
2. Comment 2
 |

# 8. Additional Feedback

|  |
| --- |
| 8.1. Topic 1 |
| 1. Comment 1
2. Comment 2
 |
| 8.2. Topic 2 |
| 1. Comment 1
2. Comment 2
 |
| 8.3. Topic 3 |
| 1. Comment 1
2. Comment 2
 |
| 8.4. Topic 4 |
| 1. Comment 1
2. Comment 2
 |
| 8.5. Topic 5 |
| 1. Comment 1
2. Comment 2
 |
| 8.6. Misc. Topics |
| 1. Comment 1
2. Comment 2
 |

# Authors

This report was written by:

* + 1. Author Name, Iowa Vocational Rehabilitation Services
		2. Author Name, Iowa Department for the Blind
		3. Author Name, Iowa Workforce Development
		4. Author Name, Name of Entity, WIOA Title II Eligible Provider

# Approval by Disability Access Committee

The Disability Access Committee approved this Report for submission to the Local Workforce Development Board on \_\_\_\_\_\_\_\_\_\_, 2017.

# Adoption by the Local Workforce Development Board

This Local Workforce Development Board adopted this Report on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.

# Submission to the State Disability Access Committee

The Local Disability Access Committee submitted this report to the State Disability Access Committee on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2017.