



Introduction

Lakeshore 2023-2027 Multi-Year Accessibility Plan Community Survey & Stakeholder Feedback Form

We need your help to make the Municipality of Lakeshore more accessible! The purpose of this survey is to record your experiences with municipal programs, services and facilities, as we create the 2023-2027 Multi-Year Accessibility Plan, as part of our commitment to the Accessibility for Ontarians with Disabilities Act (AODA).

The answers you provide today will provide insight into gaps and barriers that currently exist for people with disabilities, as well as provide us with ideas on how to reduce or eliminate them.

Information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001. A summary of feedback, with identifying information removed, will be used by the Municipality of Lakeshore towards the development of the 2023-2027 Multi-Year Accessibility Plan. These summaries may be included in reports, as well as Council Meeting agendas and minutes, which become part of the public record and are posted on www.lakeshore.ca. By providing your email address, you consent to have that information used by the Municipality of Lakeshore to send follow-up communications about the Accessibility Plan process. You will be able to opt out of these communications at any time by emailing Engage@Lakeshore.ca. By participating in this survey, you consent to your personal information being collected and used for these purposes.

If you have any questions about the collection of information please contact the Division Leader - Legislative Affairs, 419 Notre Dame Street, Belle River, ON, N0R1A0, at 519-728-2700 or by email Clerk@lakeshore.ca.

Survey support

Respondents who require assistance filling out the survey can call the Public Service Unit

at 519-728-2700 ext. 0 during regular business hours (8:30 AM to 4:30 PM, Monday to Friday).

Please select the option(s) which best represents you (select all that apply):

- I am a resident of Lakeshore.
- I am a family member, friend, caregiver, or service provider to a person with disabilities
- I am a representative of a community organization which provides services to people with disabilities in Lakeshore.
- I am a local stakeholder but do not live in Lakeshore.

Do you identify as a person with a disability? (Optional)

- Yes
- No
- Prefer not to answer

What is your name?

What organization do you represent and in what capacity?

Please select the topic you would like to share your experience and opinions about. The following sections will allow you to provide feedback based on the topics selected.

- Public/Customer Service (e.g. interacting with Lakeshore staff)
- Information, Communication, and Engagement (e.g. accessing information, responding to public surveys, attending Council meetings)
- Employment (e.g. applying for jobs with the Municipality of Lakeshore)
- Built Environment and Design of Public Spaces (e.g. parks, trails, and community facilities)
- Transportation (e.g. transit and mobility options)

Public/Customer Service

What is Lakeshore doing well in this area?

What barriers do you, your family/friends, or clients face?

What could be done to improve accessibility in this area? (Please rank suggestions in order of importance)

Information, Communication, and Engagement

What is Lakeshore doing well in this area?

What barriers do you, your family member/friend, or client face in this area?

What could be done to improve accessibility in this area? (Please rank suggestions in order of importance)

Employment

What is Lakeshore doing well in this area?

What barriers do you, your family member/friend, or client face in this area?

What could be done to improve accessibility in this area? (Please rank suggestions in order of importance)

Built Environment and Design of Public Spaces

What is Lakeshore doing well in this area?

What barriers do you, your family member/friend, or client face in this area?

What could be done to improve accessibility in this area? (Please rank suggestions in order of importance)

Transportation

What is Lakeshore doing well in this area?

What barriers do you, your family member/friend, or client face in this area?

What could be done to improve accessibility in this area? (Please rank suggestions in order of importance)

Would you like to opt-in to receive future communications about Lakeshore's Accessibility Plan?

By clicking "yes," you consent to your contact information being collected and used to send follow-up information about the Accessibility Plan. You will be able to opt-out of these communications at any time by contacting Engage@Lakeshore.ca or by replying "Opt-out" to future communications.

- Yes
- No

Would you like to opt-in to receive future communications about community engagement opportunities in the Municipality of Lakeshore?

By clicking "yes," you consent to your contact information being collected and used to send surveys and other communications related to community engagement by the Municipality of Lakeshore. You will be able to opt-out of these communications at any time by contacting Engage@Lakeshore.ca or by replying "Opt-out" to future communications.

- Yes
- No

What is your email address?

What is your first name? [Optional]

In which Lakeshore ward do you reside in? [Optional]

- Ward 1
- Ward 2
- Ward 3

- Ward 4
- Ward 5
- Ward 6
- Unsure
- I do not reside in Lakeshore
- Prefer not to say

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