



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

Sample Pre-Program Accessibility Survey

The purpose of this resource is to provide a foundation for proactive inclusion and support. By identifying and addressing barriers before your program begins, you can create a learning environment in which all participants are able to focus on content rather than constraints.

Please consider these questions a starting point rather than a rigid requirement. We encourage you to adapt, add, or refine these items to fit your specific teaching delivery methods, whether your program is a hands-on clinical workshop, a live webinar, or an asynchronous module. As you review these examples, consider the specific resources you plan to provide (such as slide decks, physical tools, or breakout rooms) and tailor your inquiries to ensure those specific elements are accessible to all.

Note: The American Psychological Association provides this material for informational and educational purposes only. These resources are intended to support continuing education sponsors in enhancing program accessibility and do not constitute legal advice or legal guidance. While these materials reflect best practices, they may not encompass all local, state, or federal compliance requirements (such as those under the ADA). Sponsors are encouraged to consult with their legal counsel or compliance officers to ensure their specific programs meet all applicable legal standards.

Examples of an Initial Access Check-In

1. We strive to provide an inclusive, accessible experience that enables all individuals to engage and participate fully in our programming. Will you require any accommodations to participate in this program?
2. Auto-captioning will be enabled, and you will be able to access a transcript of the recording X weeks after the webinar. We will also share the slides before the start of the webinar. If you require any other accommodations to fully participate in the programming, please let us know. We can support requests up until XX days/weeks before the event.
3. If you require any other disability-related accommodations to participate in this program, please contact [NAME] by email at [EMAIL ADDRESS] or by phone at [PHONE NUMBER]. Requests should be made by [DATE].

Alternatively, you could combine these survey questions into one statement, such as:

"We strive to provide an inclusive, accessible experience that enables all individuals to facilitate the full engagement and participation in our programming. Auto-captioning will be enabled, and you will be able to access a transcript of the recording X weeks after the webinar. We will also share the slides before the start of the webinar. If you require any other accommodations to fully participate in the webinar, please contact [NAME] by email at [EMAIL ADDRESS] or by phone at [PHONE NUMBER]. A member of our staff will reach out to you directly to ensure we understand your needs. We can support requests up until XX days/weeks before the event start time."

Additional Examples of Pre-Program Accessibility Items

COMMUNICATION AND MATERIALS

1. To ensure you may fully engage with the program, please select any required accommodations for communication and course materials: Did the instructor provide enough verbal descriptions of the visual content (images/graphs)?

- ☐ Sign Language Interpretation (ASL)
- ☐ Live Captioning (CART) or Assisted Listening Devices
- ☐ Documents in alternate formats (e.g., Large Print, Screen-Reader Ready, Braille)
- ☐ Materials provided in advance of the workshop

Preferred Contact Method and Information for Access Coordination (e.g., Email, Phone/TTY):

PHYSICAL ACCESS

2. Do you have any disability-related needs regarding the physical workshop space or environment (e.g., wheelchair ramp access, specific seating, lactation room, or sensitivities to lighting, chemicals, or noise)?

- ☐ No
- ☐ Yes (Please describe: _____)

DIETARY AND HEALTH SAFETY

3. Please list any severe food allergies or dietary restrictions about which we should be aware for provided meals. Additionally, please let us know if you require assistance with meal service (e.g., buffet navigation).

PARTICIPATION AND LEARNING SUPPORT

4. We want everyone to feel comfortable and fully included in our group activities. To help us prepare, please let us know if there are any disability-related barriers or learning needs we can address together (e.g., extra time, specific font/contrast, support for social anxiety).

FOLLOW-UP COORDINATION

5. Would you like a workshop organizer to contact you privately to discuss your access needs or individual accommodations further?

- ☐ Yes
- ☐ No