JAN Employer Survey

Start of Block: Default Question Block
Q1 What was your reason for contacting the Job Accommodation Network (JAN)?
O An accommodation (1)
O To understand the ADA or any other disability law or policy (2)
O Both (3)
Q2 How did you know to contact JAN?
O Used JAN service before/Previous user of JAN service (1)
O Internet search (2)
O Referral. Please explain. (3)
Other. Please explain. (4)
O Do not know (5)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1225-0059. Note: Please do not return the completed survey to this address.

Q3 Was the accommodation you discussed with the JAN consultant about:	
O Retaining an employee (keeping employee in current position) (8)	
A job applicant (application, interview) (1)	
O Hiring a new employee (already have a job offer, maybe just started or hasn't started yet) (2)	d
O Promoting a current employee (4)	
O General issue involving more than one employee (5)	
Other. Please explain. (6)	
O Do not know (7)	
Page Break ————————————————————————————————————	

Q6 What is this employee's highest level of education?
O Did not complete high school (1)
O High school certificate (not high school diploma) (2)
O High school diploma or GED (3)
O Associates degree (2 year degree) (4)
O Graduated from college (4 year degree) (5)
O Degree from graduate/professional school (e.g., MA, MBA, PhD, MD, JD) (6)
O Do not know (7)
Q7 What is the employee's gender?
O Male (1)
O Female (2)
O Transgender (3)
O Do not know (4)

Q8 Wha	it is the employee's race? (Choose all that apply)
	American Indian or Alaska Native (1)
	Asian (2)
	Black or African American (3)
	Native Hawaiian or Other Pacific Islander (4)
	White (5)
	Other (6)
	Do not know (9)
Q53 Wh	at is the employee's ethnicity? (Choose all that apply)
	Hispanic or Latino (1)
	Not Hispanic or Latino (2)
	Do not know (3)

Q9 What is the employee's age?	
O Less than 17 (1)	
O 18-24 (2)	
O 25-29 (3)	
O 30-39 (4)	
O 40-49 (5)	
O 50-59 (6)	
O 60-65 (7)	
○ 66 and over (8)	
O Do not know (9)	
Page Break	

			 _
Q5 What is the wage for this en	mployee's job? (p	ick one)	
O By hour (\$) (1)			 -
O Annually (\$) (2)			 _
O Do not know (3)			
Page Break ————			

210 Approximately how many employees are in the company? (Number)	
Q11 Of these employees how many are individuals that your company considers to have a disability? (Number)	
Page Break	

Q12 Wh that app	o makes the decision whether the company will provide an accommodation? (Mark all ly)
	Human Resources/Employee Relations or Personnel Department (1)
	Legal Department (2)
	Managers (3)
	Employee's Supervisor (4)
	Diversity and Inclusion Office (5)
	Other. Please explain. (6)
O i	er your interaction with JAN, was an accommodation made? (Choose all that apply) Yes (1) mplementation pending (decision to accommodate made, but implementation pending). see explain. (2) Decision pending. Please explain. (7)
0	No. Please explain. (3)
0	Other (e.g., employee resigned). Please explain. (4)
0 1	Do not know (5)
0	Not applicable (6)

Skip To: Q29 If After your interaction with JAN, was an accommodation made? (Choose all that apply) = Not applicable

Q54 What did the accommodation solution include?

	Accommodati on made (1)	Accommodati on implementatio n is pending (2)	Decision about the accommodati on is pending (3)	Accommodati on was rejected (4)	Not applicabl e (5)
Buying a product or piece of equipment (like software or tool)? What specific products or pieces of equipment? (1)	0	0	0	0	0
Modifying a product or piece of equipment (like software or a tool)? Please describe how the product or equipment was or will be modified. (2)	0	0	0	0	0
Modifying the worksite (like a ramp, lighting, or mirrors)? Please describe the modification to the worksite. (3)	0	0	0	0	0
Changes to a work schedule (such as flex time, or part time)? Please describe the changes to the work schedule.	0	0	0	0	0

Moving the employee to another job (or reassignment)? What type of work was the employee doing before reassignment and what type of are they doing after? (13)	0	0	0	0	0
Changes in workplace policy? What workplace changes were modified? (14)	0	0	0	0	0
Formal or company education of co-workers? Please describe how the company was/is going to educate co- workers? (5)	0	0	0	0	0
Providing an interpreter, reader, job coach, or personal attendant services? What services were provided? (6)	0	0	0	0	0

Providing information in an alternative format (e.g., large print, taped text, Braille, etc.)? What alternative formats were provided? (7)	0	0	0	0	0
Working from home or telework? What arrangements were made (number of hours in a week)? (8)	0	0	0	0	0
Are there accommodations solutions that we have not talked about? If yes, please specify.	0	0	0	0	0
Modified the employee's work station (moved, rearranged, or ergonomic)? How was the work station modified? (10)	0	0	0	0	0

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Q15 How effective was the accommodation?
Extremely effective (1)
O Effective (2)
O Neutral (3)
O Somewhat effective (4)
O Not effective at all (5)
O Do not know (6)
Page Break ————————————————————————————————————

Q16 Please describe why the accommodation was or was not effective?

Q17 Approximately how much did the accommodation cost (or is expected to cost)?
One-time cost, amount \$ (1)
O Annually, amount \$ (2)
O Do not know (3)
Skip To: Q20 If Approximately how much did the accommodation cost (or is expected to cost)? = Annually, amount \$
Skip To: Q20 If Approximately how much did the accommodation cost (or is expected to cost)? >=
Annually, amount \$
Q20 Who helped (or will help) pay for this accommodation? (All that apply)
Employer (1)
Employee (2)
Rehabilitation Services (3)
Insurance Company (4)
Other (5)
Do not know (6)

Display This Question:
If Who helped (or will help) pay for this accommodation? (All that apply) = Employer
Q21 If "Employer," what was the source of funding for this accommodation?
O Departmental Funds (1)
O Human Resource Funds (2)
O Company General Funds (3)
O Specific Accommodation - Related Funds (4)
Other (5)
O Do not know (6)
Q22 Who has the authority to authorize expenditure for accommodations?
Local Managers/Supervisors (1)
Human Resource Representatives (2)
Corporate/General Management (3)
Other. Please explain. (4)
Do not know (5)

Skip To: Q24 If Who has the authority to authorize expenditure for accommodations? = Do not know

	ow much did (or will) each pay? Enter percentages of cost. This should total to 100%. e all that apply.)
	Employer (8)
	Employee (9)
	Rehabilitation services (10)
	Insurance company (11)
	Other. Please Explain. (12)
	Do not know (13)
oaid for For exa employ cost dif	dollars, how much of the cost of the accommodation was beyond what you would have an employee in the same position who did not have a disability? Imple, an employer might purchase a computer monitor for all of his employees, but an ee may need a large screen rather than a regular monitor as an accommodation. The ference between the large screen monitor and the regular monitor would be the amoun are asking about.

Q26 The following is a list of <u>direct</u> benefits that your company may have received from providing this accommodation. Please answer yes or no to the following:

	Yes (1)	No (2)	Do not know (3)
The accommodation allowed the company to hire a qualified employee (1)	0	0	0
The accommodation allowed company to retain a qualified employee (2)	0	0	0
The accommodation allowed company to promote a qualified employee (3)	0	0	0
The accommodation eliminated the cost of training a new employee (4)	0	0	0
The accommodation saved workers' compensation or other insurance costs (5)	0	0	0
The accommodation increased the accommodated worker's productivity (6)	0	0	0
The accommodation increased the accommodated worker's attendance (7)	0	0	0
Increased diversity of the company (8)	0	0	0
Other. Please explain. (9)	0	0	0

Q27 Were there any or do you expect any <u>indirect</u> costs for the accommodation (Indirect costs are those not directly related to providing the accommodation such as lost time because of training, supervisor's time, loss of production, etc.)?
O Yes (1)
O No (2)
O Do not know (3)
Skip To: Q29 If Were there any or do you expect any indirect costs for the accommodation (Indirect costs are thos = No
Skin To: 020 If Were there any or do you expect any indirect costs for the accommodation (Indirect costs

are thos... = Do not know

Q28 The following is a list of **indirect benefits** that your company may have received from providing this accommodation. Please answer yes or no to the following:

	Yes (1)	No (2)	Do not know (3)
The accommodation increased overall company productivity (1)	0	0	0
The accommodation increased overall company attendance (2)	0	0	0
The accommodation increased overall company morale (3)	0	0	0
The accommodation increased workplace safety (4)	0	0	0
The accommodation increased customer base (5)	0	0	0
The accommodation increased profitability (6)	0	0	0
The accommodation improved interactions with co-workers (7)	0	0	0
The accommodation improved interactions with customers (8)	0	0	
Other indirect benefits. Please explain. (9)	0	0	

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Q29 Did the information JAN provided help you to understand the ADA or another law?
O Yes (1)
O No (2)
O Do not know (3)
Q30 Was the information used to argue for or make a policy change?
O Yes (1)
O No (2)
O Do not know (3)
Skip To: Q32 If Was the information used to argue for or make a policy change? = No Skip To: Q32 If Was the information used to argue for or make a policy change? = Do not know
Q31 What was the outcome of that policy decision?
O The policy was changed (1)
O The policy was not changed (2)
O The decision about whether to change the policy is still pending (3)
O Confirm/validate/interpret existing policy (4)
O Accommodation decision made (5)
Other. Please explain. (6)
O Do not know (7)
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Q32 Have you visited the JAN website within the last year? (AskJAN.org)
O Yes (1)
O No (2)
O Do not know (3)
Skip To: Q39 If Have you visited the JAN website within the last year? (AskJAN.org) = No Skip To: Q39 If Have you visited the JAN website within the last year? (AskJAN.org) = Do not know
Q36 How was the website to navigate?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Difficult (5)
O Do not know (6)

Q35 How was it for you to obtain the information that you needed from the website?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Do not know (6)
Q37 What did you hope to find on the website?

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Q38 Did you find it?
O Yes (1)
O If no, please explain. (2)
Page Break

Q39 How easy or difficult was it to contact JAN?
O Easy (1)
O Somewhat easy (2)
O Neutral (3)
O Somewhat difficult (4)
O Difficult (5)
O Do not know (6)
Q40 How were you treated by the receptionist at JAN?
O Courteously (1)
O Somewhat courteously (2)
O Neutral (3)
O Somewhat not courteously (4)
O Not courteously (5)
O Do not know (6)
Q50 Comments:

Q41 H	ow were you treated by the consultant at JAN?
0	Courteously (1)
0	Somewhat courteously (2)
0	Neutral (3)
0	Somewhat not courteously (4)
0	Not courteously (5)
0	Do not know (6)
Q51 C	omments:

Q42 How well did the consultant understand your needs?
O Understood (1)
O Somewhat understood (2)
O Neutral (3)
O Somewhat misunderstood (4)
Misunderstood (5)
O Do not know (6)
Q52 Comments:
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Q43 How well did the information that you received meet your needs?	
O Met my needs well (1)	
O Met my needs somewhat well (2)	
O Neutral (3)	
O Did not really meet my needs (4)	
O Did not meet my needs (5)	
O Do not know (6)	
Q44 How could the services you received have better met your needs?	
Q45 Where would you get the type of information that JAN provides if JAN did not ex	ist?

Q46 Would you use the service again?
O Yes (1)
O No (2)
O Do not know (3)
Q47 Have you referred other people to JAN?
O Yes (1)
O No (2)
Q48 How likely would you be to refer other people to JAN?
O Likely (1)
O Somewhat likely (2)
O Neutral (3)
O Somewhat unlikelyUn (4)
O Unlikely (5)
O Do not know (6)
Q49 We would appreciate any comments or suggestions that you may have about JAN.

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