

State of Alaska as a Model Employer Survey

The information requested on this survey is CONFIDENTIAL and is being gathered for research and evaluation purposes. You are not required to complete the survey, but your cooperation is encouraged and appreciated.

1. What is your Gender? Female Male
2. Age Range Under 20 20 – 29
 30 – 39 40 – 49
 50 – 59 60 and older
3. What is your job type? Professional
 Administrative
 Paraprofessional/Technical
 Clerical
 Labor, Trades, Crafts
4. What range, grade or LTC are you? Range Grade LTC _____
5. Are you a: Part Time Employee
 Full Time Employee
- If you answered "Part Time" are you seeking full-time employment with the state?
 Yes No
6. What department do you work for? _____
7. Which division do you work for? _____
8. During your most recent years of service with the state, have you been promoted to a higher position?
 Yes No
9. If so, what was the promotion?
10. If you are a disabled veteran, what is your percentage of disability? _____%

Under the Americans with Disabilities Act as amended in 2008, disability means, with respect to a person:

- 1. A physical or mental impairment that substantially limits one or more major life activities of an individual; a record of such an impairment; or***
- 2. being regarded as having such an impairment.***

****This definition should be thought of as broadly as possible, but not include conditions that are transitory and minor.***

11. If you have a disability, please tell us which you consider to be your primary disabling condition. (Mark only one)

- Physical health disability (such as cancer, epilepsy, diabetes, arthritis, amputation, spinal cord injury, multiple sclerosis, cerebral palsy, seizures, Parkinson's disease, head injury, heart disease, fibromyalgia, circulation problem, emphysema, cystic fibrosis or asthma)
- Mental health disability (such as depression, anxiety, alcoholism, bipolar disorder, post traumatic stress disorder, seasonal affective disorder, or schizophrenia)
- Sensory disability (such as deaf or hard-of-hearing (hearing), blindness or vision impairment (seeing that cannot be corrected with ordinary eyeglasses))
- Cognitive disability (such as brain injury, migraines, dementia, learning disabilities (reading, writing, math))
- Developmental disability (such as a communication disorder, autism, attention deficit disorder, Down Syndrome, Fetal Alcohol Spectrum Disorder, Fragile X Syndrome)
- Other: please tell us _____
- No, I do not have a disability (if checked no, please proceed to question 17)

12. Did your disability start before or after you came to work for the State?

- Before I started working for the State
- After I went to work for the State

13. Since you have worked for the State, have you requested that your employer make a change or modification to your workspace or equipment, work schedule, work tasks or responsibilities, or other changes because of your disability? (These changes are often called job accommodations.)

- Yes
- No (if no, please share why not below and proceed to question 15)
 - I did not need any job accommodations
 - I was reluctant to ask for job accommodations because
 - Of cost
 - Of disclosing my disability
 - Being different from my coworkers
 - I was afraid of being turned down
 - I didn't know I could ask
 - I wasn't sure what I needed

Other reason _____

14. If your employer has made a job accommodation(s), please tell us what it was. _____

Is the accommodation working well? Yes No

If no, was it working well before and stopped working well at some time in the past? Yes No

Will you ask for a new accommodation? Yes No

15. If known, what was the estimated cost of the accommodation \$ _____

16. Since you have worked for the State, have you had a problem getting a job accommodation(s)?

- Yes
- No
- Does not apply. I do not need any job accommodation(s).

16a. If yes, what accommodation did you feel you needed but did not get? _____

16b. Did you get other accommodations instead? Yes No

If yes, what? _____

17. We are interested in learning about things that help people with disabilities return to work or maintain a job. If you have a disability, please tell us if any of the things listed below helped enable you to return to work.

I am helped by...						
	Very much	Somewhat	Not very much	Not at all	Need, but do not have	Do not need
(Mark one box for each statement)						
Help caring for children or others in my home.	<input type="checkbox"/>					
Help with personal needs such as bathing, dressing, and housework.	<input type="checkbox"/>					
Personal assistant services at work.	<input type="checkbox"/>					
Reliable transportation to and from work (i.e. Public Transit, Para-transit, friend, family).	<input type="checkbox"/>					
A job with a flexible work schedule or flexible work activities.	<input type="checkbox"/>					
Special equipment or medical devices (specify_____).	<input type="checkbox"/>					
A supportive employer and/or co-workers.	<input type="checkbox"/>					
Support from friends and/or family	<input type="checkbox"/>					
A healthcare provider who encouraged me to work.	<input type="checkbox"/>					
A benefits counselor.	<input type="checkbox"/>					
A job coach or other vocational rehabilitation services.	<input type="checkbox"/>					
Health insurance benefits at work.	<input type="checkbox"/>					
Other. (specify_____.	<input type="checkbox"/>					

18. Do you have ideas about what the State could do to create a more supportive or healthy environment for employees with disabilities? If so, please describe.

Thank You for Completing the Survey!