



ADVISORY COUNCIL SITE VISIT FORM
REVISED: JULY 2024

Advisory Council Member Name:

Name of Agency Visited:

Website Address:

Date of Site Visit:

Part I: Virtual Visit

This section examines the agency website to explore the experiences of someone seeking to learn about and access services offered. In review of the website, consider ease of access to information from a potential client perspective.

1. Website Navigation – Is it easy to find the service offerings provided by this agency? Does the website have descriptions of services offered? Is there a calendar of events or instruction on how to access services?

2. Website Navigation – Is there a contact point for someone seeking services? Is there a phone number or email address? Is it a working phone number?

3. Website Accessibility - How long did it take you to access the information you were looking for? Was website text easy to read? Can the font size be adjusted? Is the site available in multiple languages? Does the website include any other information about accommodations based on disability?



4. Website Overall - please comment on your general experience and/or if you have any additional comments.

Part II: On Site Visit

Location Name / Site Address:

Primary Person You Met With (and Title):

1. Advisory Council members should be given a basic orientation to agency operations and delivery of services. Below please list areas discussed during conversation with agency representative. (Topics could include physical location and access, staffing, client population, activity programs and nutrition, counseling and resources available to clients, website, remaining COVID planning and program and service modifications.)
2. Was the site easy to locate? Was there signage? Was it easy to access? Was the site clean and welcoming? Was it easy to move around the site?
3. Did you attend any programming offered during your visit? What did you attend? What were your impressions? Did you interact with any participants and hear about their experience of the site? (For each program attended please be sure to include name of program, frequency of offering, leader, number of attendees, level of participants' social interaction and participation.)
4. What are your impressions of the agency after your site visit. Would you seek services or recommend this agency? Why or why not?



5. Did you identify issues for DAS staff follow up? Do you have any follow-up plans? (Such as: future visits planned, attending programming, etc.):

CHECKLIST FOR PROGRAMS OFFERED BY AGENCY:

AGING AND DISABILITY RESOURCE CENTER (ADRC)

MEAL PROGRAM

Congregate
To-Go Meals
Food Pantry
Home Delivered Meals

COMMUNITY SERVICES

HEALTH PROMOTION

Exercise Classes
Nutrition Classes

LEGAL SERVICES

NATURALIZATION SERVICES

SF CONNECTED (Technology/Digital Literacy)

OTHER (Please specify)