

ADA Compliance Program

Section 504 – Rehabilitation Act of 1973

ADA Self-Evaluation Questionnaire

(Do not return this form with your contract)

General Requirements

Please check the appropriate answers. If necessary, attach additional pages of explanation. If your organization or firm has fewer than 15 employees, please skip Section 1 – 504/ADA Coordinator and proceed to Section 2 – Program Access.

Item	Yes	No	N/A
Section 1 - 504/ADA Coordinator			
1. Do you have a 504/ADA coordinator?			
If so, please identify the individual:			
Name: _____			
Phone Number: _____			
2. Do you have an internal grievance procedure that allows for quick and prompt solutions for any complaints based on alleged non-compliance with 504/ADA?			
3. Do you have a policy that provides for notifying participants, applicants, employees, unions, and professional organizations holding collective bargaining or professional agreements that you do not discriminate on the basis of disability?			
4. Have you notified the aforementioned organizations of your non-discrimination policy?			
5. Do you have on-going staff training to ensure that staff fully understands your policy of non-discrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities?			
Section 2 – Program Access			
1. Do you notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials, and other interviews will be held in accessible locations?			
2. Do you notify the public and other interested parties that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities?			
3. Do you have a teletypewriter (TTY or TTD), or do you use the Washington Telecommunications Relay Service to Facilitate communication with individuals who use TTY's for communication purposes?			
4. Do you provide ongoing training to familiarize appropriate staff with the operation of the TTY and other effective means of communicating over the telephone with people with disabilities?			
5. Do you make available, upon request, written material in alternate formats for people who have disabilities? (i.e. braille, audiocassette tapes, readers,			

or large print.)			
Item	Yes	No	N/A
6. Are printed posters, announcement, and printed materials (including graphics) clearly legible and placed in physically accessible locations where print can be read from wheelchair?			
7. If you have a mailing list for the purposes of information dissemination, does it include different disability groups?			
8. Are your TTY or TTD numbers and procedures for accessing your services printed on all material distributed to the public?			
9. Do you have a policy and procedure for safe emergency evacuation of people with disabilities from your facility(s)?			
Section 3 – Employment and Reasonable Accommodation			
1. When gathering affirmative action data regarding disabilities do you make it clear that: A. The information requested is intended for use solely in connection with reporting requirements B. The information is voluntary C. The information will be kept confidential; and D. Refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment?			
2. If you make pre-employment inquiries or conduct pre-employment medical examination: A. Is the inquiry related to the applicant's ability to perform the job? B. Do you condition offers of employment on the results of these examinations? C. Do you require this examination for <u>all</u> employees in the same job classification? D. Are <u>all</u> applicants in the same job classification asked the same medical and/or interview questions?			
3. During the application, interviewing, hiring and employment process, do you provide reasonable accommodations to applicants and employees with disabilities?			
4. Do you have a written policy stating the following? 504/ADA requires that information concerning an applicant's medical condition history must be kept separate from personnel records and may be shared in only three ways: A. Supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodation(s); B. First aid and safety personnel may be informed if the condition might require emergency treatment; and C. Government officials investigating compliance with 504/ADA shall be provided with relevant information upon request.			

Section 4 - Physical Accessibility	Yes	No	N/A
Complete the Checklist for Readily Achievable Barrier Removal and then answer the following questions:			
1. Is the building(s) where your business is located barrier free?			
2. If you checked NO to any of the items on Section 3 - Employment and Reasonable Accommodation checklist above, would these areas prevent an individual with a disability from accessing your program(s) or service(s)?			
3. If access would be impacted, describe on the Corrective Action Plan what steps will be taken to eliminate the barrier(s). If there are extenuating circumstances which would make the barrier removal a financial or administrative burden, please explain in the Corrective Action Plan.			

This ADA Self-Evaluation Questionnaire was completed by:

Print Name

Title

Date

Work Number