

## SECTION 504 CHECKLIST

- |      |   |                               |         |
|------|---|-------------------------------|---------|
| I.   | A. TDD (Telecommunications Device for the Deaf) Installed. Number: _____                                      | Yes ____                      | No ____ |
|      | B. TDD# communicated to the public.   | Yes ____                      | No ____ |
|      | C. TDD# included on all correspondence.   | Yes ____                      | No ____ |
| II.  | A. Self-Evaluation Checklist  | Yes ____                      | No ____ |
|      | B. Handicapped groups/individuals involved.<br>List: _____<br>_____<br>_____<br>_____                         | Yes ____                      | No ____ |
|      | C. Areas Evaluated: _____<br>_____<br>_____<br>_____  |                               |         |
| III. | Transition Plan for Structural changes/time change for compliance   |                               |         |
|      | A. Includes schedule for implementation.  | Yes ____                      | No ____ |
|      | B. Includes name of person responsible for implementation.  | Yes ____                      | No ____ |
|      | C. Includes persons/groups who assisted.<br>List: _____<br>_____<br>_____<br>_____                            | Yes ____                      | No ____ |
|      | D. Date Adopted _____   |                               |         |
|      | E. Are facilities now accessible.   | Yes ____                      | No ____ |
| IV.  | Public Notice (15 or more employees)  |                               |         |
|      | A. Media Name   | Date<br>Published/Broadcasted |         |
|      | _____   | _____                         |         |
|      | _____   | _____                         |         |
|      | _____   | _____                         |         |
|      | B. Non-discrimination statement included.   | Yes ____                      | No ____ |
|      | C. 504 Coordinator identified. Name: _____  |                               |         |
|      | D. Notice communicated to visually or hearing impaired.<br>Explain Response: _____<br>_____<br>_____<br>_____ | Yes ____                      | No ____ |
| V.   | Grievance Procedure (15 or more employees)  |                               |         |
|      | A grievance procedure for disabled persons (employees or citizens) as part of the personnel policies.         | Yes ____                      | No ____ |