

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. Yes ___ No ___
List: _____

C. Areas Evaluated: _____

- 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. Yes ___ No ___
List: _____

- D. Date Adopted _____
- E. Are facilities now accessible. Yes ___ No ___

- IV. Public Notice (15 or more employees)
- Date
Published/Broadcasted
- A. Media Name _____

- B. Non-discrimination statement included. Yes ___ No ___
- C. 504 Coordinator identified. Name: _____
- D. Notice communicated to visually or hearing impaired. Yes ___ No ___
Explain Response: _____

- V. Grievance Procedure (15 or more employees)
- A grievance procedure for disabled persons (employees or citizens) as part of the personnel policies. Yes ___ No ___