



## ADA/504 Self-Evaluation Questionnaire

Agency/  
Organization:

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Address:

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Phone:

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(Executive)  
Director:

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Manager:

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Number of full  
time employees:

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Services/  
Programs:

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Primary Contact:

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Date:

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Agency: \_\_\_\_\_

Contact#: \_\_\_\_\_

### ADA/ 504 Self-Evaluation Questions

#### **ADA/Section 504**

The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 is the federal law prohibiting discrimination against persons with physical or intellectual disabilities in federally assisted programs.

The following questions are to help evaluate your program's accessibility.

*Reasonable Accommodation: actions taken which permit a qualified employee, prospective employee or member with a disability to perform the major functions of a job and participation in customer service program.*

**1. Do you have a policy concerning "reasonable accommodation" that specifies the decision making process for identifying, arranging, paying for, and determining undue hardship for reasonable accommodation? Please provide an explanation in the space provided below.**

**2. Do you have a complaint procedure regarding access to your program and facility? Please provide an explanation in the space provided below.**

3. Do you provide written materials (publications) that include a notice of nondiscrimination and accessibility of facilities or meeting spaces? Please provide an explanation in the space provided below.

4. Do you administer services, programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities? Where possible, is the same setting offered to others? Please provide an explanation in the space provided below.

5. Do you take appropriate steps to ensure that communications with applicants, participants, members of the public with disabilities are as effective as communications with others? Examples of this include interpreters for the deaf, large print, brail, other communication accommodation as required. Please provide an explanation in the space provided below.

**6. Are your organization's physical facilities accessible? Please provide an explanation in the space provided below.**

**7. Does your staff receive training in working with persons with disabilities? Please provide an explanation in the space provided below.**

**8. Who is responsible for ADA compliance for your organization? Please provide an explanation in the space provided below.**