

# SELF-EVALUATION FOR COMPLIANCE WITH SECTION 504

## I. INTRODUCTION

The Department of Labor regulations implementing Section 504 of the Rehabilitation Act of 1973, as amended, require at section 32.6 (c): that entities which receive financial assistance from the Department conduct a self-evaluation of their policies and practices to assess their programs' accessibility. Programs shall be accessible to persons with mobility impairments, hearing and vision impairments, mental impairments, and any other conditions which substantially limit a major life activity.

A. Office/Program to be evaluated:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

B. Individual completing evaluation:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

C. If applicable, name of individual(s) assisting in the completion of the self-evaluation:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## II. ADMINISTRATIVE PRACTICES

A. Staff information:

List steps to be taken to ensure that all staff involved in any aspect of this program (e.g., recruitment, admission, testing, the conduct of the program, the provision of any services or benefits, etc.) will be informed periodically of, and understand fully, your policy of nondiscrimination on the basis of disability.

\_\_\_\_\_

B. Contracts, agreements, and sub-grants (e.g., labor unions, referral agencies, insurance companies, sub-grantees, education institutions, etc.).

1. Are entities with which you hold contracts, agreements, and/or sub-grants aware of your policy of nondiscrimination on the basis of disability?

No:  Yes:   
How?

\_\_\_\_\_

2. Do you require these entities to sign an "assurance of compliance?"

No:  Yes:

3. Have these entities been required to complete a self-evaluation of the programs and activities they conduct for you?

No:  Yes:

### III. RECRUITMENT AND ADVERTISEMENT

A. Do you engage in any of the following kinds of activities to recruit program participants or otherwise inform persons about the services provided?

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| • Oral presentations/orientations         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Printed recruitment materials           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Printed informational materials         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Advertisements (radio, newspaper, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |

B. Do all materials and advertisements include a notice that you do not discriminate against persons with disabilities?

No:  Yes:

C. Is the general public notified of the existence and location of services, activities, and facilities that are accessible to persons with disabilities?

No:  Yes:

How?

\_\_\_\_\_

D. If "outside" persons or organizations are involved in your recruitment, advertisement or information efforts, have they been informed of your nondiscrimination policy?

No:  Yes:

How?

\_\_\_\_\_

E. Are posters recognizing the rights of persons with disabilities prominently displayed for employees, applicants, and participants to read?

No:  Yes:

How?

\_\_\_\_\_

F. Are articles on the accomplishments of participants with disabilities publicized in the agency's publications?

No:  Yes:

How?

\_\_\_\_\_

G. Are organizations representing persons with disabilities contacted for advice, technical assistance, and referrals?

No:  Yes:

Examples:

\_\_\_\_\_

**IV. PROGRAM ELIGIBILITY REQUIREMENTS AND ADMISSION**

A. Are there any limitations on the number of qualified disabled persons who may participate or be admitted to the program?

No:  Yes:

Explain:

\_\_\_\_\_

B. Are any of the following criteria used in the admission process?

- Residency requirements
- Letters of recommendation
- Economically disadvantaged
- Education attainment
- Age
- Physically fit
- Emotionally fit
- No dependence on drugs
- No dependence on alcohol
- Unemployed
- Able and available for work
- Work experience
- Tests
- Other

\_\_\_\_\_

C. Have applications been reviewed for questions relating to health, receipt of worker compensation, and particular disability conditions? Unless clearly related to the particular activity for which the application is used, illegal inquiries must be deleted.

Not done:  Done:

D. If tests are used for screen applicants or customers, describe the skill, level of achievement, or other factor being tested, and whether they are written or oral.

Test: (Name of Test) \_\_\_\_\_

Test: (Name of Test) \_\_\_\_\_

E. Identify any test(s) that has (or could have) a disproportionate, adverse impact on applicants or customers with disabilities, i.e., tests that instead of measuring only the factors the tests are purported to measure, are measuring the applicant's or customer's impaired manual, sensory or speaking skill (except where those are the skills being measure.) \*

Test: \_\_\_\_\_

Possible adverse impact: \_\_\_\_\_

- F. Are employees which administer tests prepared to give alternative tests and/or to modify the method of administering tests in order to accommodate persons with sensory, manual or speaking impairments?

No:  Yes:

\*Example: A person with a speech impairment may be fully qualified (after reasonable accommodation) to participate in an activity that does not require clear speech. Yet, if given an oral test, the person may be unable to perform in a satisfactory manner. The test result will not, therefore, predict performance accurately; instead, it will measure impaired speech.

- G. Describe some of the possible arrangements that staff is prepared to make:

Examples:

|  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| • Eliminate the speed factor for persons with visual or manual impairments   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use low vision aids such as Braille, large print or voice recognition software for persons with visual impairments | <input type="checkbox"/> | <input type="checkbox"/> |
| • Use of translators or typed material to provide tests and test information to persons with hearing impairments     | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provide auxiliary aids to persons who cannot make the marks required for mechanically scored objective tests       | <input type="checkbox"/> | <input type="checkbox"/> |
| • _____  |                          |                          |
| • _____  |                          |                          |
| • _____  |                          |                          |

- H. Describe the steps to be taken to ensure that criteria for testing alternatives and modifications will be adequately communicated to all potential program participants, applicants, including those with hearing and vision impairments.

\_\_\_\_\_

- I. Is an interview required prior to an applicant's entrance into the program? (Including intake Interview).

No:  Yes:

- J. From the following list, check the actions which have been taken/will be taken to ensure nondiscrimination in interviewing:

|   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| • Estimate the frequency of staff contact with sensory impaired persons   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Contact and consult with sensory impaired persons or organizations that represent them to discuss the particular communication needs of these persons to gather input to best address needs | <input type="checkbox"/> | <input type="checkbox"/> |
| • Determine how staff will identify the specific language   | <input type="checkbox"/> | <input type="checkbox"/> |

need of an individual at the initial contact, i.e., how they prefer to communicate (e.g., the interviewer may have key phrases written on cards, tapes of key phrases and messages, etc.)

- Make formal arrangements with individual to organizations to provide qualified interpreters when needed
- Develop list of all persons, organizations, or staff persons with whom interpreter arrangements have been made, including terms of the arrangement, telephone numbers, addresses, etc.
- Identify staff who will be responsible for implementing effective communication with sensory impaired persons
- Write down decisions made on all of the above items and notify and train all staff on its implementation

**V. PROGRAM ACCESSIBILITY**

A. Are post-admission inquiries made regarding disability status in order to make accommodations for persons with disabilities?

No:  Yes:

B. Is the information requested voluntarily, so as not to adversely affect persons with disabilities, and kept confidential?

No:  Yes:

C. Is there an orientation program for new participants?

No:  Yes:

D. Have steps been taken to ensure that persons with visual and hearing impairments can understand the information, communicate with the staff and use the written materials provided during the orientation?

No:  Yes:

Explain:  
\_\_\_\_\_

E. List the specific activities that comprise your program (e.g., orientation, intake, classroom training, residential, sports, counseling, referrals, etc.):

F. For each activity listed above, list those that are or have the potential to be, inaccessible to persons with a disability.

| <u>Activity</u> | <u>Reason</u> |
|-----------------|---------------|
|                 |               |
|                 |               |
|                 |               |
|                 |               |

- G. Describe steps to be taken to attain accessibility of those activities identified in "F" above, e.g., provision of auxiliary aids, use of alternative materials, special tools or equipment, modification of equipment, renovation of facility, moving program to another facility, etc.

| <u>Activity</u> | <u>Reason</u> |
|-----------------|---------------|
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |
| _____           | _____         |

- H. Has a method been implemented for soliciting voluntary indications of disability status and requests for accommodations, i.e., channels for a person with a disability to bring his or her disability to the attention of management?

No:  Yes:

Describe method:

- I. From the following list of possible reasonable accommodations, check those which you would be willing to make for disabled programs participants:

- Modifying written examinations
- Modifying work site
- Making facilities accessible
- Adjusting work schedules
- Restructuring jobs
- Providing assistive devices
- Providing readers and interpreters
- Adopting flexible leave policies
- Reassigning and retraining participants
- Elimination transportation barriers
- Others, depending on the person's particular disability

## VI. FACILITIES

- A. List all facilities or portions of facilities, used to conduct your program:

| <u>Facility</u> | <u>Address</u> |
|-----------------|----------------|
| _____           | _____          |
| _____           | _____          |
| _____           | _____          |
| _____           | _____          |

- B. The Uniform Federal Accessibility Standards (UFAS) (50 Federal Register, 49045, November 29, 1985) contain the specifications in which recipients should comply when designing or altering facilities. Recipients may need to alter or construct facilities when other alternatives are not successful in ensuring that persons with disabilities have full access to programs. The following sample items illustrate the range and specificity of the accessibility standards your program must meet:

- 1) Ground should be graded, even if it is contrary to existing topography, so that it is level with the normal entrance and thereby makes it accessible to individuals with physical disabilities.
  - 2) Public walks should be at least 48 inches wide and should have a gradient not greater than five percent.
  - 3) Parking spaces that are accessible and proximate to the facility should be set aside and identified for use by individuals with physical disabilities.
  - 4) A ramp shall not have slop greater than one foot rise in 12 feet, or 8.33 percent.
  - 5) At least one primary entrance to each building shall be usable by individuals in wheelchairs.
  - 6) Doors shall have a clear opening of no less that 32 inches when open and shall be operable by a single effort, including door to restroom.
  - 7) Stairs should, whenever possible, and in conformation with existing step formulas, have risers that do not exceed seven inches.
  - 8) Floors shall have a surface that is non-slip.
  - 9) Some mirrors and shelves shall be provided above lavatories at a height as low as possible, and no higher than 40 inches above the floor, measured from the top of the self and the bottom of the mirror.
  - 10) Water fountains or coolers shall have up-front spouts and controls.
  - 11) An appropriate number of public telephones should be equipped for those with hearing impairments and so identified with instructions for use.
  - 12) At least on toilet shall be/have: Three feet wide; 4 foot, 8 inches deep; a door that is 32 inches wide and swings out; handrail on each side, 33 inches high and parallel to the floor, 1-1/2 inches in diameter, with 1-1/2 inches clearance between rail and wall, fastened securely to the wall at the ends and center; a toilet seat of 17-19 inches from the stand.
  - 13) Elevators shall be accessible to and usable by, the physically disabled on the level that they use to enter the building, and at all levels normally used by the general public.
  - 14) Switches and controls for light, heat, ventilations, windows, draperies, fire alarms and similar controls of frequent or essential use, shall be placed within the reach of individuals in wheelchairs.
  - 15) Raised letters or numbers shall be used to identify rooms or offices.
  - 16) Audible warning signals shall be accompanied by simultaneous visual signals for the benefit of those with hearing impairments.
  - 17) Access panels or manholes in the floors, walks and walls can be extremely hazardous particularly when in use, and should be avoided.
- C. Using the above sample items for each facility listed in "A" above, identify those inaccessible features that limit program accessibility.

| <u>Facility</u>      | <u>Inaccessible feature (use letter corresponding to the sample item)</u> |
|----------------------|---|
| e.g.(1) 200 M Street | c., e., m.  |
| _____                | _____   |
| _____                | _____   |
| _____                | _____   |

D. Identify the person responsible for developing and implementing a corrective action plan for the elimination of the barriers identified in "C" above.

**VII. EMPLOYMENT PRACTICES**

| <u>A. Recruitment</u>  | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |
|--|--------------------------|--------------------------|--------------------------|
| 1) Are disabled employees included in promotional and recruitment advertising?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are contacts maintained with educational institutions that train persons with disabilities?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are organizations that represent persons with disabilities contacted for advice, technical assistance and referrals?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Does all recruitment literature indicate that the program does not discriminate on the basis of disability?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>B. Job Vacancies</u>  |                          |                          |                          |
| 1) Are all vacancy announcements reviewed to ensure that physical, mental and communication requirements are job related and accurately reflect job functions?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are managers willing to consider reasonable accommodations for the disabilities of otherwise qualified applicants?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>C. Job Interviews</u>   |                          |                          |                          |
| 1) Is every hiring supervisor informed of the requirement that all questions asked in the job interview must be related to the duties and functions of the position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Is every hiring supervisor aware of where and how to obtain assistance to interview an applicant with a hearing impairment?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Is the interviewing area accessible to an applicant in a wheelchair?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>D. Physical Examinations</u>  |                          |                          |                          |
| 1) Does your organization conduct or require any medical exams prior to making offers of employment?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) If yes:   |                          |                          |                          |
| • Are all entering employees subject to the medical exams?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are all offers of employment conditional based on the results of the exam?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are medical results not used in a discriminatory manner?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is all information gathered maintained confidentially?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is every hiring supervisor aware that offers of  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



employment are contingent upon successful completion of a physical exam that is uniformly applied to all individuals, and includes job-specific testing?

E. Reasonable Accommodations

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 1) Has a method been implemented for soliciting voluntary indications of disability status and requests for accommodation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Have employees with disabilities requested that you make accommodations in consideration of their limitations?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) If employees have requested accommodations, is the information kept confidential?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever denied a request for reasonable accommodation?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) If so, was your denial based on the concept of "undue hardship?"  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |