

## Section 504 - Model Self-Evaluation Checklist

### INTRODUCTION

A self-evaluation plan is required of all recipients and subrecipients of federal funds. It also applies to any person to whom federal financial assistance is extended for any program or activity directly or through another recipient, including any successor, assignee, or transferee of a recipient, but excluding the ultimate beneficiary of the assistance.

Through the self-evaluation, the agency identifies and changes policies or practices that discriminate against qualified individuals with handicaps so that individuals with handicaps can participate fully in the agency's programs and activities.

The process itself should:

- A) **Review the inventory of programs and activities** conducted by the agency.
- B) **Collect and document the policies and practices that govern the administration** of the agency's programs and activities. An agency's policies may be in the form of regulations, administrative manuals, memoranda, or simply be a matter of customary practice. Some policies may not be written down at all. It is important that this review be complete, both to ensure that all relevant policies are identified and to enable the agency to identify potential problem areas when no policy exists.
- C) **Analyze how the agency's policies and practices affect individuals with handicaps** who seek to participate in the agency's programs and activities. In this analysis, the agency must take into account the fact that discrimination can happen not only as a result of what is in its policies, but also as a result of what is not in its policies.
- D) **Make and document changes and additions to agency policy.** The changes required by the self-evaluation process should not require an extended period of time to complete.
- E) **Obtain comments on the draft self-evaluation from individuals with handicaps** and other interested persons. Based on these comments, the self-evaluation should be revised as necessary, put in final form, and fully implemented. Periodically, it should be reviewed and updated to ensure that new policies are not discriminatory and handicapped individuals continue to be able to participate fully in the agency's programs.

The following checklist was designed to assist smaller agencies in fulfilling the self-evaluation requirement. In developing answers to the following questions, your agency will be preparing most of the information that Section 504 requires. It should assist you in pinpointing areas where action is likely to be required to achieve compliance with Section 504. It should be emphasized, however, that **this checklist is not intended as a substitute for individual judgment or analysis of the pertinent regulations issued pursuant to Section 504.** Any information in this checklist **cannot be used as a sole basis** for determining compliance with Section 504.

**MODEL SELF EVALUATION CHECKLIST**

Grantee Name: \_\_\_\_\_

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

Name of Person Completing Self Evaluation Checklist: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Project Name and Location: \_\_\_\_\_

Brief Description of Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When answering the following questions, check whatever statements apply to your agency and list any additional steps taken under "Other". The statements listed are some of the most common actions or procedures taken by agencies and are only listed in order to simplify the self evaluation process.

**1. NOTIFICATION**

What steps have been taken to make certain that **all beneficiaries and employees** are aware of their rights under Section 504?

\_\_\_ Policy Statement regarding Equal Employment Opportunity is posted in a prominent place for public notice

\_\_\_ It is our policy to discuss information concerning Section 504 during all employment interviews and to answer questions concerning applicant and employee rights

\_\_\_ An EEO/Affirmative Action Specialist is available to offer consultation to applicants for employment

\_\_\_ Public notices about meetings, hearings, etc. include a statement regarding accommodations for handicapped can made upon request

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any policy that needs to be established as a result of this review: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. POLICIES THAT LIMIT HANDICAPPED PARTICIPATION**

What steps have been taken to consult with interested persons, including handicapped persons or organization representing handicapped persons, in achieving compliance with Section 504?

\_\_\_ Handicapped staff consulted

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

\_\_\_ Handicapped beneficiaries consulted

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

\_\_\_ Organization representing handicapped consulted

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

- Describe any alterations that need to be made in facilities or programs as a result:
  
  
  
  
  
  
  
  
  
  
- Describe procedures established to ensure that no handicapped person will be discriminated against as a result of methods of administration or through direct or contractual arrangements with your agency.

\_\_\_ All contractors and subcontractors are made aware of Section 504 requirements and appropriate training is offered

\_\_\_ Language is included in agency contracts that ensures that contractors take steps to facilitate the participation of qualified individuals with handicaps in activities they operate on behalf of the agency

\_\_\_ During monitoring, contractor's/subcontractor's policies are reviewed for compliance with Section 504 requirements

\_\_\_ Other:

**3. INFORMATION AND TRAINING FOR STAFF (Applicable to grantees with 15 or more employees)**

- Are grievance procedures in place that allow for quick resolution of any complaints of alleged discrimination based on disability? (Circle answer) YES / NO
  
- Who has been designated to coordinate grievance procedures?
  
  
  
  
  
  
  
  
  
  
- Who is responsible for coordinating agency's Section 504 responsibilities?

➤ **FOR ALL AGENCIES:** Can you ensure that no discrimination based on handicap exists in your agency in the area of: (Circle answer)

- recruitment, advertising and the application process for employment? YES / NO
- hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring? YES / NO
- rates of pay or any other form of compensation and changes in compensation? YES / NO
- job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists? YES / NO
- leaves of absence, sick leave or any other leave? YES / NO
- selection of financial support for training, including apprenticeship, professional meetings, conferences and other related activities, and selection for leaves of absence to pursue training? YES / NO
- employer-sponsored activities, including social and recreational programs? YES / NO
- any other term, condition or privilege of employment? YES / NO

➤ What policies, procedures or modifications have been taken to ensure that no qualified handicapped person is denied the opportunity to participate in or benefit from services because of his/her disability and all qualified handicapped persons are afforded opportunities to participate in or benefit from services provided to non-handicapped persons:

\_\_\_ There is a policy in place to assure that appropriate assistance can be made available upon request

\_\_\_ Application procedures have been developed for handicapped individuals requiring special accommodations

\_\_\_ Physical accommodations have been made to accommodate handicapped (water fountains, elevator buttons, pay phones, bathrooms, etc.)

\_\_\_ Other (Explain): \_\_\_\_\_

➤ Are these policies/procedures written? If no, what actions are taken to ensure that they are maintained?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. PROGRAM ACCESSIBILITY**

➤ Are all **qualified** handicapped persons given the opportunity to participate in or benefit from services or activities that your organization offers? (Circle answer) YES / NO

➤ Check actions which apply:

\_\_\_ Employment practices

\_\_\_ Common areas (bathrooms, hallways, doors, meeting rooms, etc.) are accessible

\_\_\_ Telecommunication Device for the Deaf (TDD) is available **and advertised**

\_\_\_ All material relating to agency and services it provides can be made available in other formats (Braille, audiotape, etc.) upon request and **public is aware that this service is available**

Program activities are held in areas that are accessible

Other (Explain): \_\_\_\_\_

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➤ Are procedures in place to ensure that appropriate **initial and continuing** steps to notify participants, beneficiaries, applicants, etc. that you do not discriminate on the basis of handicap are taken? YES / NO If yes, check which actions apply.

Public notice issued which contains a non-discrimination on the basis of handicapped statement

Agency letterhead has TDD # listed

Agency business cards have TDD # listed

Policy Statement regarding non-discrimination on the basis of handicap is posted in conspicuous places

Other (Explain): \_\_\_\_\_

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If No, describe steps that have been taken to provide different or separate benefits or services to handicapped persons because such action is necessary to provide all qualified handicapped persons with services that are as effective as those provided to others.

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➤ Are any structural changes needed to make programs accessible? If yes, describe:

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➤ Describe alternatives to structural changes that have been used or considered (e.g., rescheduling or relocating activities, redesigning of equipment) in order to achieve program accessibility.

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- Is there a policy in place that ensures that any acquisition, rehabilitation or construction of facilities used by the agency will be handicap accessible? (Carried out in accordance with the Uniform Federal Accessibility Standards (UFAS)): YES / NO
- Describe any other policies, practices, or methods your agency has developed to include handicapped persons in its programs and activities.

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**5. EMERGENCY EVACUATION**

- Describe how the agency notifies employees and members of the public of an emergency.

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- Are adequate policies/methods in place to ensure that individuals with handicaps can be accommodated in the event of an emergency?

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To the best of my knowledge and belief, the statements made in this self-evaluation are true and correct and its submission has been authorized by the board of the agency I represent.

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Signature of Person Completing Form