

## APPENDIX B - 2017 ADA Self Evaluation Survey

### Form 2: NONDISCRIMINATION CHECKLIST

**INSTRUCTIONS:** Please use this checklist to evaluate each program and activity that you have identified on Form 1. Once completed, please sign and return all of your forms and checklists to George Fetzer [gfetzer@beavertonoregon.gov](mailto:gfetzer@beavertonoregon.gov)

Program Name \_\_\_\_\_

#### **GENERAL CONSIDERATIONS**

1. **Does the program provide an equal opportunity for people with disabilities to participate in its activities by providing reasonable accommodations and accessible locations?**  Yes  No  
If No, please describe.
2. **Are there circumstances under which participation of a person with a disability would be excluded or restricted?**  Yes  No If yes, please describe.
3. **If yes, are the exclusions or restrictions necessary to the operation of the program or for the safety of other participants?**  Yes  No  
If yes, please describe.
4. **Are there separate services, programs, or activities for people with disabilities or a class of people with disabilities such as blind, deaf, ...etc.?**  Yes  No  
If yes, please describe.
5. **Do forms and printed materials used by the program contain the recommended ADA boilerplate or infographic?**  Yes  No
6. **Does the program hold, or require contractors or permittees to hold, public meetings, hearings, or special events?**  Yes  No
7. **If yes, does the program require the meetings to be held in accessible locations?**  Yes  No
8. **If yes, does the program notify the contractors or permittees of their obligation to make reasonable accommodations so that individuals with disabilities can participate?**  Yes  No If yes, please provide a copy of the standard notification language that is used.

**ELIGIBILITY CONSIDERATIONS** (Any program, service or activity that has eligibility requirements to participate should be evaluated under these criteria.)

9. **Does the program or activity have eligibility requirements for participation?**   
 No, there are no eligibility requirements.  Yes, there are eligibility requirements as follows:

- |   |   |
|---|---|
| <input type="checkbox"/> Age limits/requirements  | <input type="checkbox"/> Physical fitness standards |
| <input type="checkbox"/> Mental fitness standards | <input type="checkbox"/> Testing requirements       |
| <input type="checkbox"/> Performance requirements | <input type="checkbox"/> Safety standards           |
| <input type="checkbox"/> City residency           | <input type="checkbox"/> Other:                     |

Please provide copies of the applicable policies for each checked category.

10. **If you have eligibility policies as described in question 9, are there reasonable accommodations or separate opportunities offered to facilitate the participation of people with disabilities?**

Please describe.

11. **Are there any hard copy or digital forms required for admission or participation in the program or activity (i.e. tests, applications, registration forms, etc.)?**

Yes  No

If yes, please provide a copy.

12. **Is an interview required prior to an applicant's admission to the program?**

Yes  No

13. **If yes, what selection criteria is used to make the decision if the applicant will be admitted?**

14. **How does the program reach out to people with disabilities to solicit their participation as members of citizen's advisory boards or committees?**

Please describe the process to ensure opportunities are provided.

15. **Are individuals with disabilities currently serving on any of the program's advisory boards or committees?**  Yes  No If yes, please list the committees:

Please contact George Fetzer at x 2271 with any questions.

Evaluator name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator name: \_\_\_\_\_ Date: \_\_\_\_\_