

SELF-EVALUATION CHECKLIST (SAMPLE)

Agency/Facility/Unit: _____

Date: _____

Area/Item	Date Implemented	Expected Revision or Completion Date	Comments
ADA Action Plan			
Self-Evaluation Report			
ADA Transition Plan			
Agency Policy			
ADA Public Notice			
Training Plan			
Emergency/ Evacuation Plan			
Current Contracts			
Current ADA Construction Projects			
Area/Item	Location (s)	Condition	Comments
Effective Communication			
TTY Device			
Video Remote Interpreting			
Video Relay Service/ Videophone			
Coupler Device			
Pocket Amplifier			
Notetakers			
In-Person Qualified Interpreters			
Enlarged Text Documents			
Braille			
Magnifying Sheets			
Screen Readers			
In-Person Readers			
Talking Book Programs			

Area/Item	Location (s)	Condition	Comments
Large Computer Screens w/ Articulating Arm			
J-Touch/ J-Document Reader			
Auxiliary Aids Repair Plan			
Preferred Mode of Communication Documentation			
TRANSPORTATION AND PARKING			
Accessible Vehicles			
Accessible Parking Spaces			
Parking Signs			
PROGRAMMATIC, SERVICES, AND ACTIVITIES ACCESS			
Program (List Each)			
Chaplaincy Programs			
Job Assignments			
Medical Services			
Mental Health Services			
PROGRAM ACCESS			
Curb Ramp			
Door Entrance (Ramp/Slope)			
Sidewalks			
Doorways			
Toilets			
Sinks			
Beds			
Showers			