

Name of Organization: _____

ACCESSIBILITY SELF-ASSESSMENT CHECKLIST

The Virginia Commission for the Arts has adopted this Checklist as an informal guide for applicant organizations. This Checklist is neither a determination of your legal rights or responsibilities under the Americans with Disabilities Act (ADA); the 1973 Rehabilitation Act, Section 504; nor binding upon any agency with enforcement responsibility under the ADA.

FACILITY ACCESS: Answer questions 1 through 7 about the physical accessibility of each facility or site used for programs by your organization. Indicate accessibility by answering *yes* or *no* in response to each questions and checking *yes*, *no*, or *n/a* for each accommodation in relation to the question.

YES Physical feature exists.

NO Physical feature does not exist but should.

N/A Physical feature does not exist and is not needed (i.e., A single-level, ground-floor facility would not need an elevator).

1. Is the entry way accessible to people with mobility impairments (patrons who use wheelchairs, crutches, or walkers or who are unsteady)? Yes No

	YES	NO	N/A
Ramps/Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Railing on Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Railings on Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors Open Easily/Automatically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Is the entry easily accessible to people with visual impairment (i.e., low vision, blind)? Yes No

	YES	NO	N/A
Large-Print Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well-Lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Is the entry way accessible to people with hearing impairments? (i.e., hard of hearing, deaf)? Yes No

	YES	NO	N/A
Buzzer Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, is there a Visual Entry Code (i.e., Flashing Light)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Is patron parking available? Yes No

	YES	NO	N/A
Designated "Handicapped Parking"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear Passage to Entry (i.e., for wheelchair users)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Is the interior space accessible to people with mobility impairments? Yes No

	YES	NO	N/A
Ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Railing on Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Railings on Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Firm, Smooth Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors Open Easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chair Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible Restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated Wheelchair Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Is the interior space accessible to people with visual impairments? Yes No

	YES	NO	N/A
Large-Print Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille Marked Elevator Buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raised Letter Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free of Hazardous Overhangs and Protruding Objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearly Marked Abrupt Changes in Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Is the interior accessible to people with hearing impairments? Yes No

	YES	NO	N/A
Visual Emergency Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESS TO ORGANIZATIONS PROGRAMS: Answer each question **8 through 10** as it relates to programmatic accessibility.

8. Does the organization use the following to make its programs accessible to people with visual impairments?

Yes No

	YES	NO	N/A
Large Print Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print Labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taped Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Does the organization use the following to make its programs accessible to people with hearing impairments?

Yes No

	YES	NO	N/A
Assisted Listening Devices – Infrared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FM System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign Interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Interpreters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scripts and Text of Verbal Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Captioned Audio Visual Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TDD/TTY (Telecommunications Device for the Deaf)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does the organization publicize its accessibility? Yes No

	YES	NO	N/A
By Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By TDD/TTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Audio Cassette Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorizing Official, Title: _____

Signature of Authorizing Official: _____

Date: _____