## Program Performance Review

Date:
Name of Person Completing the Form:
Training Provider's Name:

## Address:

Location of the training facility:

## Equal Opportunity \& Access Review

1. Have any of the following policies/procedures changed since your initial approval for the Eligible Training Provider List? (If so, please provide updated documentation of these items.)

2. Are the following items available for individuals attending training through your organization:

3. Please provide the following information regarding equal access and services to limited English proficient (LEP) individuals attending training through your organization:

How is training provided to LEP students? $\qquad$

Has training been provided to instructors on services available to LEP students?

(If yes please describe.) $\qquad$
Is material and posters displayed in alternate languages? $\square$
$\square$ No (If so, what languages?) $\qquad$

