

ELIGIBLE TRAINING PROVIDER'S ANNUAL MONITORING TOOL

Program Performance Review

Date:			
Name o	of Person Completing the Form:		
Trainin	g Provider's Name:		
Addres	s:		
Locatio	on of the training facility:		
Equal C	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.)		
	Grievance/Complaint Procedure	□ Yes	□ No
	Equal Opportunity is the Law poster prominently displayed	□ Yes	o □ No
	Limited English Proficiency Process	□ Yes	5 □ No
	Reasonable Accommodations (for individuals with disabilities)	□ Yes	s □ No
2. Are the following items available for individuals attending training through your organization:			ur
	Auxiliary aids for individuals with hearing and/or visual impairment	□ Yes	5 □ No
	Accessible workstations with accessible software	□ Ye	s 🗆 No
	Physical accessibility (i.e.: ramps, bathroom, evacuation plan, etc.)	□ Ye	s 🗆 No
	Interpreters (spoken language & sign language)	□ Ye	s 🗆 No
3.	. Please provide the following information regarding equal access and services to limit English proficient (LEP) individuals attending training through your organization:		
	How is training provided to LEP students?		
Has training been provided to instructors on services available to LEP students?			
	(If yes please describe.)	□ Yes	□ No
	Is material and posters displayed in alternate languages? (If so, what languages?)		□ No