

COMMONWEALTH OF VIRGINIA  
ANNUAL REVIEW MONITORING TOOL  
Eligible Training Provider

Date: \_\_\_\_\_ Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Training Provider's Name: \_\_\_\_\_  
Training Provider's Address \_\_\_\_\_

*Equal Opportunity Policy Adherence:*

1. Do you have a grievance procedure, which includes discrimination complaints?  Yes  No  
If no, please describe how discrimination complaints would be handled.
2. Do you have the Equal Opportunity is the Law poster prominently displayed?  Yes  No  
a. If you do have the Equal Opportunity is the Law poster prominently displayed, where is it located?
3. Do you have a policy for serving students with disabilities? ( provide a copy)  Yes  No  
If no, please describe how you would ensure that students with disabilities would have equal access to training programs.
4. Do you have a policy for serving students with limited English proficiency?  Yes  No  
(provide a copy) If no, please describe how you would ensure that individuals with limited English proficiency would have equal access to training programs.
5. Do you ensure that training is provided in the most accessible setting?  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Equal Opportunity Employer/Program. Auxiliary Aids and services available upon request to individual with disabilities.

