

ELIGIBLE TRAINING PROVIDER'S ANNUAL MONITORING TOOL
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.)*

Grievance/Complaint Procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equal Opportunity is the Law poster prominently displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited English Proficiency Process	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reasonable Accommodations <i>(for individuals with disabilities)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Auxiliary aids for individuals with hearing and/or visual impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessible workstations with accessible software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical accessibility (i.e.: ramps, bathroom, evacuation plan, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interpreters (spoken language & sign language)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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? _____

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

 Yes No

(If yes please describe.) _____

Is material and posters displayed in alternate languages? <i>(if so, what languages?)</i> _____	Yes	No
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