

ACCESSIBILITY PLAN WORKSHEET

Organization: _____ through _____
 Accessibility Plan for: _____ (date) _____ (date)

Accessibility Plan Statement: _____

Issues or Areas of Concern Identified in the Audit ("no" responses)	Priority	Steps or Measurable Objectives for Addressing Improvements	Target Completion date	Responsible Manager
Policies: 1. 2. 3. 4. 5.				
Program & Services: 1. 2. 3. 4. 5.				

Issues or Areas of Concern Identified in the Audit ("no" responses)	Priority	Steps or Measurable Objectives for Addressing Improvements	Target Completion date	Responsible Manager
Facilities: 1. 2. 3. 4. 5. 6.				
Implementation Issues: 1. 2. 3. 4.				

Date of Survey: _____

Surveyors: _____ (name) _____ (title)

_____ (name) _____ (title)

_____ (name) _____ (title)

Board Approval: _____ (name) _____ (title)

Date of Board Approval: _____

Scheduled Accessibility Plan Review Date: _____