

	A	B	C	D	E	F	G	H
1	FY2011 ADA CHECKLIST							
2	Program Director: Please complete all relevant yellow shaded areas according to instructions in the Comments.							
3	Agency Name			# of sites				
4	Program Director			Director E-mail				
5	ADA Coordinator			Coordinator E-mail				
6	Public Notice		Grievance Procedure		Letter of Commitment		Date of Self-Evaluation	
7								
8	ADA Coordinator Trainings Attended in FY2010			Date	ADA Coordinator Conducted Staff Trainings in FY 2010			Date
9								
10								
11								
12								
13							Involvement of Persons with Disabilities	Other
14								
15								
16								
17	Multiple Sites		ADA Coordinator		Accessible	Transition Plan Attached (if site is not accessible)		
18								
19								
20								
21								
22								
23								
24								
25	Other Comments from Program ADA Coordinator if needed.							
26	Comment 1:							
27	Comment 2:							
28	Do not write below this line. For ESE use only.							
29	Required Follow-up:						Due by:	Completed on:
30	Comment 1:							
31	Comment 2:							
32	Send to Adult and Community Learning Services: ada@doe.mass.edu by Friday, October 15, 2010.						Date submitted:	
33	Assurance: The sender of this document certifies it contains true and accurate information.							