



GDOT Publications Policies & Procedures

Form Word: 2841-1b - ADA Self-Evaluation Form
Section: Americans With Disabilities Act (ADA)
Office/Department: Office of EEO

Reports To: Division of Admin/Gen Counsel
Contact: 404-631-1000

See [below](#)



ADA Self-Evaluation: _____

YEAR

Name of City/County and/or Activity: _____

Address: _____

Number of Employees: _____

1. Do you have a statement that prohibits discrimination on the basis of disability in the provision of or admission to your programs, services and activities as required by the Title II ADA and Section 504 regulations (statement of non-discrimination)?

Yes No

2. a. Have you designated an employee responsible for compliance with the regulations (Coordinator)?

Yes No

- b. If yes, what is the name and contact information of the coordinator?

Name: _____ Title: _____

Phone: _____ Email: _____

3. Have you informed the public of the name, title, office address and phone number of the Coordinator?

Yes No

4. Is your statement of nondiscrimination included in recruitment materials or publications containing general information that it makes available to participants, beneficiaries, applicants, or employees?

Yes No

Name: _____ Title: _____

Signature: _____ Date: _____

Return to: Georgia Department of Transportation
Equal Employment Opportunity Office
600 West Peachtree Street, N.W., 7th Floor
Atlanta, GA 30308
ATTENTION: ADA Coordinator
PHONE: (404) 631-1272
FAX: (404) 631-1943

References:

[Click here to enter Policy references, if any.](#)

History:

annual review: 08/31/23;

added to Publications: 12/18/12