

# SITE REVIEW QUESTIONNAIRE

## LOCAL OFFICE STAFF ASSESSMENT

Local Office: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

- 1) How do you assist clients who are:
  - a) Visually impaired: \_\_\_\_\_
  - b) Verbally/hearing impaired: \_\_\_\_\_  
Interpreter provided    yes    no
  - c) Limited English speaking: \_\_\_\_\_
  - d) What are the frequently spoken languages by clients? Spanish    Polish    Others: \_\_\_\_\_
  - e) Interpreter provided    Spanish    Polish    Other: \_\_\_\_\_    YES    NO
  - f) Are you familiar with Online Interpreters ?    YES    NO
  
- 2) Is the office accessible to customers with mobility impairment?    YES    NO  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
- 3) Are you able to provide clients with the definition of a disability according to Sec. 504 of the 1973 Rehabilitation Act and the Americans with Disabilities Act of 1990?    YES    NO
  
- 4) Have you received training on the Online Interpreter Service (Telephone)?    YES    NO
  
- 5) Are you familiar with the auxiliary aids? (hearing/verbally/visually impaired)    YES    NO
  
- 6) Are you familiar with the Illinois Relay Service?    YES    NO
  
- 7) Are you familiar with the TDD number used by your LWIA?    YES    NO
  
- 8) What DCEO EO policies and procedures are you familiar with?  
\_\_\_\_\_
  - a) Are you aware WIA EO policies are available online?    YES    NO
  
- 9) Are you familiar with the LWIA nondiscrimination policy?    YES    NO
  
- 10) Do clients receive information on "Equal Opportunity Is The Law"?    YES    NO
  - a) When is this information issued? \_\_\_\_\_
  - b) What format is used? English/Spanish/Braille \_\_\_\_\_
  
- 11) What would you do if you received a discrimination complaint? \_\_\_\_\_