



ADA Transition Plan Needs Assessment

Idaho Transportation Department

ITD 0240 (Rev. 11-12)
itd.idaho.gov

1. Use the space below to indicate when the self-evaluation for the public rights-of-way under your jurisdiction's management was completed. If you have not conducted a self evaluation, please refer to the *Draft Guidelines for Public Rights-of-Way* available at <http://itd.idaho.gov/civil/Title6.htm> or by request. If you do not have jurisdiction over public rights-of-way you do not need to complete this form.

2. Does your agency employ more than 50 people?
 - Yes (Proceed to number 3)
 - No (You are finished with this assessment. Although you are not required to complete a formal Transition Plan, you are still required to perform a self-assessment in order to comply with the ADA.)

3. Agency Name		ADA Self Evaluation Completion Date (m/d/y)	
Your ADA Coordinator's Name	Phone Number	E-mail Address	
4. Summarize your grievance procedure or complaint process			
5. Date Transition Plan Completed (m/d/y) - If you have not completed your plan, proceed to number 7.			
6. Does your Transition Plan include the following elements? (A checkmark indicates "Yes") <ul style="list-style-type: none"> <input type="checkbox"/> Self evaluation (a summary is fine if the Self Evaluation is included in a separate document) <input type="checkbox"/> Physical description of existing deficiencies (indicate below how deficiencies are stored) <ul style="list-style-type: none"> <input type="checkbox"/> Text Description <input type="checkbox"/> Map <input type="checkbox"/> GIS Database <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Remedies to repair or replace the deficiency <input type="checkbox"/> Action plan with costs and timeframes <p>If you checked Yes to all of the elements, you are finished with this assessment; If not, proceed to number 7.</p>			
7. Estimated ADA Transition Plan Completion Date (m/d/y) _____ ITD has prepared <i>ADA Compliance in Pubic Rights-of-Way Guidance</i> , a document to help those agencies not currently in compliance in conducting a self evaluation and developing a transition plan so that they may receive or continue to receive federal funds as administered through the Idaho Transportation Department. This guide is available online and/or by request.			

Completed By (Printed)	Title	Phone Number
Signature		Date

Send this completed form to: Idaho Transportation Department
EEO Office
PO Box 7129
Boise ID 83707-1129