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”)
   - [ ] Self evaluation (a summary is fine if the Self Evaluation is included in a separate document)
   - [ ] Physical description of existing deficiencies (indicate below how deficiencies are stored)
     - [ ] Text Description
     - [ ] Map
     - [ ] GIS Database
     - [ ] Other (describe) ____________________________
   - [ ] Remedies to repair or replace the deficiency
   - [ ] Action plan with costs and timeframes

   If you checked Yes to all of the elements, you are finished with this assessment; If not, proceed to number 7.

7. Estimated ADA Transition Plan Completion Date (m/d/y) __________________

   ITD has prepared ADA Compliance in Public Rights-of-Way Guidance, 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