

Adult Learning – Accessibility Audit 2009

Independent Living Nova Scotia (ILNS) has worked with the Adult Learning Knowledge Centre to produce and distribute an accessibility audit that will facilitate adult learning programs to be accessible for learners with disabilities. Full accessibility affects not only those with physical and mobility limitations but also those with hearing, vision, intellectual and other disabilities.

What Is an Accessibility Audit?

The purpose of an Accessibility Audit is to establish how well a program performs in relation to access and ease of use by a wide range of potential users, including people with diverse disabilities.

Occasionally, educators see only the physical accessibility issues such as ramps, parking spaces or washrooms as barriers. However, having a building be fully accessible includes more than eliminating physical barriers. It also means eliminating communication and attitudinal barriers.

The audit may also be used to assist educators in identifying barriers that can cause persons with disabilities to be excluded from full participation in programs and other activities. Realizing that achieving the goal of full accessibility is a continuing process, we offer this audit as a tool and starting point.

This audit will help you assess these features:

- **Parking**
- **Building Entrances**
- **Corridors, Stairs, Elevator**
- **Washrooms**
- **Cafeteria/Lunchroom/Lounge**
- **Classroom/Labs**
- **Communications**
- **Program Requirements**
- **Housing Options**
- **Emergency Preparation**

It is recommended that this accessibility audit be conducted weeks before a program begins. As the audit results are made, it is important to consider what can be accomplished in a short period of time and which goals must be long-term. The process of doing the audit should take less than an hour.

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CHECK YES(Y) or NO (N)

A. PARKING

Y N

<input type="checkbox"/>	<input type="checkbox"/>	Have you provided accessible parking?
<input type="checkbox"/>	<input type="checkbox"/>	Do the accessible parking spaces have signs indicating that the space is only for persons with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	In the parking area, do you have an overall ratio of 1 accessible space to 25 total spaces?
<input type="checkbox"/>	<input type="checkbox"/>	Do the parking areas have clearly marked aisles for larger vans?
<input type="checkbox"/>	<input type="checkbox"/>	Is there an accessible route linking accessible spaces to accessible buildings?
<input type="checkbox"/>	<input type="checkbox"/>	Is the accessible parking located between the entrance drive and the building so that the accessible route is short and does not cross streets, drives or the parking lot?
Total:		
<input type="checkbox"/>	<input type="checkbox"/>	

B. BUILDING ENTRANCES

Y N

<input type="checkbox"/>	<input type="checkbox"/>	Have you provided a passenger drop-off zone?
<input type="checkbox"/>	<input type="checkbox"/>	Where there are steps or platforms, does the building provide a ramp as another possible entry point?
<input type="checkbox"/>	<input type="checkbox"/>	Do the stairs and ramps have handrails?
<input type="checkbox"/>	<input type="checkbox"/>	Is there at least one accessible door at each accessible entrance to the building?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a power door operator?
<input type="checkbox"/>	<input type="checkbox"/>	Do the entrances have levers, U-shaped handles, push plates or door pulls, panic bars or other components that can be operated with one hand (elbow or by service dog)?
Total:		
<input type="checkbox"/>	<input type="checkbox"/>	

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C. CORRIDORS, STAIRS, ELEVATOR

Y N

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do the corridors have handrails? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the stairs have handrails on both sides or at least one side? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the stairs have markings for those with visual impairments? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do the stairs have slip-resistant surfaces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have an elevator or lift? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the building have good lighting and markings? |

Total:

D. WASHROOMS

Y N

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one wheelchair accessible stall in the men's washroom? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one wheelchair accessible stall in the women's washroom? |
| <input type="checkbox"/> | <input type="checkbox"/> | If the washroom is unisex, is it fully accessible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there at least one accessible washroom on the ground floor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the accessible toilet stalls equipped with grab bars? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the washroom stalls able to accommodate wheelchair turning space? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there knee space under the sink to accommodate wheelchair users? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do faucets have lever handles to ensure easy operation? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the soap dispenser reachable for a wheelchair user? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are paper towel dispensers or hand-dry devices reachable for a wheelchair user? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the mirror in the washroom at a level with a wheelchair user? |

Total:

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E. CAFETERIA/LUNCHROOM/LOUNGE

Y	N	
___	___	Does the building have a food and beverage area?
___	___	Are there designated seating areas for wheelchair users?
___	___	Are there removable chairs at the tables?
___	___	Is there an accessible deck, patio or other outdoor area?
Total:		
___	___	

F. CLASSROOMS/LABS

Y	N	
___	___	Are all aisles, including side aisles, wide enough for a wheelchair user to get through?
___	___	Are desks or desk-tops available for wheelchair users?
___	___	Are assistive listening devices provided for persons who are hard-of-hearing?
___	___	Are video presentations closed- captioned for those who request it?
___	___	Are interpreters available for the hearing-impaired when requested?
___	___	Do speakers read aloud all the material on overheads and flip charts for persons with visual-impairments?
___	___	Are school materials (handouts, exams) all readily available in large print?
___	___	Are computer labs fully accessible?
___	___	Are the library facilities fully accessible?
___	___	Are science labs fully accessible?
___	___	Are exam/lecture rooms fully accessible?
___	___	Are auditoriums fully accessible?
___	___	Are tutorial spaces fully-accessible?
Total:		
___	___	

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G. COMMUNICATIONS

Y	N	
___	___	Are all reception desks accessible for persons with disabilities? (For example, is a wheelchair user able to see over the counter to the receptionist?)
___	___	Are there international signs and symbols of accessibility posted where people can see them?
___	___	Are community bulletins in large print?
___	___	Have you provided easily reached telephones?
___	___	Is there at least one phone equipped with a volume control for the hearing-impaired?
___	___	Is there a telephone communications device – Text Telephone Yoke (TTY) – available to accommodate persons who are Deaf or hard-of-hearing?
___	___	Does your building include any tactile signage for persons with visual impairments?
Total:		
___	___	

H. PROGRAM REQUIREMENTS

Y	N	
___	___	For application procedures, do you include a section regarding need for disability-related accommodations? (Example: admissions forms, application forms)
___	___	Do you include questions regarding disability-related accommodations for co-op/work-term placement options?
___	___	Are professors/instructors offices located in accessible areas?
___	___	Are co-op/ academic advisor offices located in accessible areas?
___	___	Is disability awareness training offered to professors/instructors?
___	___	Are teaching-assistants available for those persons with disabilities who acquire assistance?
Total:		
___	___	

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I. Housing Options

Y	N	
___	___	Do you have student dorms or student housing options at your location? <i>(If no, please go to the next section.)</i>
___	___	Do you offer fully-accessible rooms for persons with disabilities?
___	___	Are there elevators or lifts in the student dorms or student housing units?
___	___	Do you provide student desks that are designed to fit a wheelchair?
___	___	Are all the controls for lighting and heating reachable for a wheelchair user?
___	___	Are laundry facilities fully-accessible?
___	___	Are there grab-bars in the bath or shower?
Total:		
___	___	

J. EMERGENCY PREPARATION

Y	N	
___	___	Do you have an emergency evacuation plan (fire drill, storm drill, etc.) that includes persons with disabilities?
___	___	Do you have an emergency wheelchair available for use?
___	___	Do you have first-aid responders on-hand who can properly assist a person with a disability?
___	___	In case of an emergency, are there at least two exits that a person with a disability could use?
Total:		
___	___	

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Accessibility Audit Evaluation

Please put the total number of YES(Y) and NO (N) responses answered in each category below:

Total

Y	N		Y	N	
___	___	A. Parking	___	___	F. Classroom/Labs
___	___	B. Building Entrances	___	___	G. Communications
___	___	C. Corridors, Stairs, Elevator	___	___	H. Program Requirements
___	___	D. Washrooms	___	___	I. Housing Options
___	___	E. Cafeteria/Lunchroom/Lounge	___	___	J. Emergency Preparation

If you have more than three NO answers in each section, you may not be considered accessible. What areas do you need to approve on?

Priority Items Based Upon Audit Results:

Short Term Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Long Term Goals:

1. _____
2. _____
3. _____
4. _____
5. _____

Checklist Completed by: _____

Date _____