



SUPPLEMENT TO EQUAL OPPORTUNITY COMPLIANCE REVIEW REPORT

PRIVACY ACT INFORMATION: The information requested in this report is required by law (Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Executive Order 12250). Failure to report may result in withdrawal of Federal financial assistance. Your obligation to respond is required in order to obtain or retain benefits. The information solicited may be disclosed outside the Department of Veterans Affairs only if the disclosure is authorized under the Privacy Act.

RESPONDENT BURDEN: We need this information to assure that VA Federally -funded programs are in compliance with equal opportunity laws. We estimate that you will need an average of 45 minutes to review the instructions, find the information and complete the form. VA cannot conduct or sponsor, and respondent is not required to respond to this collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

NOTE: If additional space is needed for an explanation, record item number(s) and comment(s) in Item 28, Remarks, or on a continuation sheet.

1. NAME AND ADDRESS OF FACILITY	2. DATE OF REVIEW
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SECTION I - PARTICIPANT INTERVIEW

3A. NAME OF PARTICIPANT (<i>First, middle, last</i>)	3B. RACE
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3C. NATIONAL ORIGIN	3D. SEX	3E. AGE	4. TYPE OF HANDICAP (<i>If applicable</i>)	5. TENURE
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NOTE - An asterisk (*) indicates that corrective action(s) may be required. If this block is checked, provide an explanation in Item 28, Remarks. ▶

	YES	NO	N/A
6. ARE FACILITY PROGRAMS ACCESSIBLE TO HANDICAPPED PARTICIPANTS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
7. DOES THE FACILITY PROVIDE HOUSING FOR PROGRAM PARTICIPANTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. IS FACILITY HOUSING ACCESSIBLE AND CONVENIENT FOR HANDICAPPED PARTICIPANTS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
9. IF THE FACILITY PROVIDES SEPARATE HOUSING FOR HANDICAPPED PARTICIPANTS, IS IT COMPARABLE TO HOUSING PROVIDED FOR NONHANDICAPPED PARTICIPANTS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
10. ARE THERE SEPARATE OR SPECIAL SERVICES PROVIDED FOR PARTICIPANTS BASED ON RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. IS THE TRAINING PROVIDED EQUAL FOR ALL PARTICIPANTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
12. ARE THERE ANY MODIFICATIONS IN PROGRAM REQUIREMENTS FOR HANDICAPPED PARTICIPANTS?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. ARE HANDICAPPED PARTICIPANTS PERMITTED TO TAKE PART IN ALL REGULAR CLASSROOM ACTIVITIES?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
14. ARE THE EDUCATIONAL SETTINGS PROVIDED FOR HANDICAPPED PARTICIPANTS COMPARABLE TO REGULAR CLASSROOMS AND TRAINING AREAS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
15. ARE THERE PROGRAMS AND ACTIVITIES SPONSORED BY THE FACILITY THAT ESTABLISH AN AGE DISTINCTION?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. DOES THE PARTICIPANT TAKE PART IN FACILITY SPONSORED EXTRACURRICULAR SERVICES AND ACTIVITIES REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
17. IN THE PARTICIPANT'S OPINION, ARE FACILITY COUNSELING, FINANCIAL, AND EMPLOYMENT ASSISTANCE PROGRAMS AVAILABLE TO ALL PARTICIPANTS ON A NONDISCRIMINATORY BASIS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
18. IS PARTICIPANT AWARE OF FACILITY'S JOB PLACEMENT ASSISTANCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. IN PARTICIPANT'S OPINION, DO ALL PARTICIPANTS GET FULL BENEFITS FROM JOB PLACEMENT PROGRAMS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
20. IN PARTICIPANT'S OPINION, ARE ALL PARTICIPANTS INFORMED OF EMPLOYMENT RECRUITING ACTIVITIES AND GIVEN AN OPPORTUNITY TO BE INTERVIEWED BY RECRUITERS?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
21. DOES THE PARTICIPANT HAVE PROBLEMS WHICH ARE BASED ON RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22A. IN PARTICIPANT'S OPINION, WERE ADMISSION REQUIREMENTS INCLUDING TESTS, RELEVANT TO CURRICULUM AND TRAINING APPLIED FOR?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>
22B. IN PARTICIPANT'S OPINION, ARE ALL PARTICIPANTS TREATED EQUALLY IN ALL ASPECTS OF THE PROGRAM REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>

SECTION II - INSTRUCTOR INTERVIEW

23A. NAME OF TRAINER/INSTRUCTOR				23B. RACE			
23C. NATIONAL ORIGIN	23D. SEX	23E. AGE	23F. TYPE OF HANDICAP <i>(If applicable)</i>	24. TENURE			
NOTE - An asterisk (*) indicates that corrective action(s) may be required. If this block is checked, provide an explanation in Item 28, Remarks.				▶	YES	NO	N/A
25. IS THE INSTRUCTOR AWARE OF ANY DISCRIMINATORY ACTIONS BY THE FACILITY IN ITS TREATMENT OF PARTICIPANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, HANDICAP, OR AGE?				* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. ARE CLASSES AND TRAINING PROGRAMS INTEGRATED?				<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>	
27A. ARE HANDICAPPED PARTICIPANTS PERMITTED TO TAKE PART IN ALL TRAINING/CLASSROOM ACTIVITIES?				<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>	
27B. ARE HANDICAPPED PARTICIPANTS SEGREGATED FROM NON-HANDICAPPED PARTICIPANTS?				* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27C. WHEN HANDICAPPED PARTICIPANTS ARE NOT PERMITTED TO TAKE PART IN ALL TRAINING/CLASSROOM ACTIVITIES, ARE COMPARABLE CLASSROOM ENVIRONMENTS PROVIDED FOR HANDICAPPED PARTICIPANTS?				<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>	
28. REMARKS							
29A. SIGNATURE OF PARTICIPANT/INSTRUCTOR						29B DATE SIGNED	