

# SPECIAL NEEDS COMMITTEE

**GROUP NAME** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

## IS YOUR MEETING ACCESSIBLE TO THE DISABLED?

<b>CRITERIA TO CONSIDER IN DETERMINING IF YOUR MEETING IS HANDICAPPED ACCESSIBLE:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Does your meeting place offer accessible parking?			
Does the meeting place have automatic doors?			
Do the doors feature easy to grasp hardware?			
Are the doors at least 32" wide?			
Is the meeting place on a ground floor?			
Are the floors slip-resistant?			
Are there handrails on all stairways?			
Are there handicapped accessible restrooms?			
Are the restrooms, if accessible, on an accessible route from the meeting place?			

Are elevator call buttons centered 42" above the floor?			
If carpeted, is the carpet pile ½" thick or less?			
<b>Does your group have needs for any of the following?</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
-Sign Language			
-visually impaired			
-foreign language			
-home bound/transportation issues			
-elderly/Institutionalized			

**PLEASE INDICATE ANY QUESTIONS OR CONCERNS YOU MAY HAVE REGARDING ACCESSIBILITY OR SPECIAL NEEDS OF YOUR MEETING BELOW:**