

What language assistance measures will be taken to enable LEP persons to access program services?

Translation? _____

Notification? _____

Telephone Relay? _____

Interpretation? _____

Bi-lingual materials? _____

Bi-Lingual staff or volunteers? _____

How will you evaluate the programs/services?

This worksheet should be completed for each LEP program. Please provide a copy to AA/EEO Office and the Civil Rights File.