# Accessibility Review Form

## Section 1: General Information

### **Campus Tracking Number**

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\*It is recommended that the campus have a tracking number for their reviews. This number allows for the reviewer to find previous purchases and to tie this document to the AIMT Checklist for this adoption/procurement.

### **Product/Service**

Use the information from the Adoption/Procurement Checklist document to complete this section.

| Product Name |  |
| --- | --- |
| Version Number |  |
| Vendor Name |  |

### **Type of IMT**

|  |  |  |
| --- | --- | --- |
| **Type of Acquisition** | **Check** | **Comment** |
| New aquisition |  |  |
| Repeat acquisition without changes, previously approved AIMT |  |  |
| Repeat acquisition with changes, review needed |  |  |
| Other (explain) |  |  |

## Section 2: Review Information

### **Accessibility Documentation**

|  |  |  |
| --- | --- | --- |
| **Document Recieved** | **Check** | **Comment** |
| Accessibility Statement |  |  |
| Conformance and Remediation Form |  |  |
| 508 VPAT/Other Forms |  |  |

### **Review Steps**

|  |  |  |
| --- | --- | --- |
| **Step** | **Check** | **Comments** |
| Review Documentation |  |  |
| Accessibility testing if needed |  |  |
| Develop AAP if needed |  |  |

## Section 3: Correspondence

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| **Document correspondence with vendor** |
|  |
| **Document correspondence with purchase requester** |
|  |

## Section 4: Summary and Recommendations

### **Review Checklist**

|  |  |  |
| --- | --- | --- |
| **Step** | **Check** | **Comments** |
| Accessibility Review Complete |  |  |
| Accessibility Testing Complete |  |  |
| C and R Form Complete |  |  |
| AAP Complete |  |  |

### Findings

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### **Recommendations**

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## Section 5: Signature

| Accessibility Liaison/Other Designee Signature |  |
| --- | --- |
| Accessibility Liaison/Other Designee Title |  |
| Date |  |