ARE YOU COMPLIANT WITH TITLE VI ?
SELF-ASSESSMENT TOOL[1]

Adapted by Leslye Orloff and NIWAP from "Language Assistance Self-Assessment and Planning Tool for Recipients of Federal Financial Assistance," available at www.lep.gov (2011)[2]

WHO DO YOU SERVE?

1.   Has your organization developed a demographic profile of the population served or likely to be served by your programs?   YES   NO

By primary language spoken?   YES   NO

If so, list the language groups and languages spoken.

2. Has your organization reviewed current census and other demographic data about the immigrant populations living in the areas you serve?   YES   NO

If, so list the immigrant populations in your area:

3. Is your institution working with any community-based organizations that are familiar with the language needs of individuals participating in your programs?

If so, describe.

FREQUENCY OF CONTACT

1. Does your organization have a process for surveying, collecting and/or recording primary language data for individuals that participate in your programs and activities?
                YES   NO

IMPORTANCE OF SERVICES

1. Do you conduct compulsory activities (e.g. require applications, consent, interview in order to obtain some benefit, service or information; custodial interrogations, hearings, trials)?   YES   NO

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    [2] © National Immigrant Women's Advocacy Project, American University Washington College of Law 2013

If so, what are they?

3. Do you conduct programs or activities that have serious consequences, either negative or positive, for a person who participates (including, but not limited to, for example:

health, safety, economic, environmental, educational, law enforcement, housing, food, shelter, protection, rehabilitation, discipline, transportation)?   YES   NO

What are they?

5. Have you determined the impact on actual and potential beneficiaries of delays in the provision of services or participation in your programs (economic, educational, health, safety, housing, ability to assert rights, transportation costs, etc)? YES   NO

If so, what are they?

RESOURCES

1. Have you identified the resources needed to provide meaningful access to persons with limited English proficiency (LEP)?   YES   NO

2. Are those resources currently in place?   YES   NO

3. Is there a staff member in your organization assigned to coordinate language access activities?   YES   NO

4. Have you identified the points of contact where a LEP person interacts with your agency?   YES   NO

If so, please describe.

5. Given the identified points of contact, is language assistance available at those points?   YES   NO

If so, please describe.

6. By languages spoken, how many employees in your organization fluently speak a language other than English?

7. Do you use employees in your organization as interpreters?   YES   NO

8. Employees within our agency provide interpreter services (circle one):

        a. Some of the time
        b. Most of the time
        c. Always
        d. Never

9. What outside sources do you use?

        a. Contract interpreters
        b. Telephone services
        c. Community based services
        d. Language banks
        e. Other _____(please specify)

10. For what languages other than English are outside sources of language interpreters most commonly used?

11. Do you ever rely on LEP person's friends, family members or other informal interpreters?   YES   NO

12. If so, under what circumstances?

13. Are children used as interpreters?   YES   NO

14. If so, under what circumstances and how are issues such as competency, appropriateness, confidentiality, and voluntariness assessed?

15. If additional resources are needed to ensure meaningful access, have you identified the cost of those resources?   YES   NO

16. Are there any limitations in resources (dollars and personnel) that could impact the provision of language assistance services?   YES   NO

17. If so, have you explored all options available to you in order to ensure the provision of language assistance services?   YES   NO