
This is a comprehensive plan covering Instructional Materials, E&IT Procurement, and Web Accessibility Priority Areas reportable on the ATI Annual Report to the Chancellor’s Office

Authored by the
ATI Steering Committee Members for the Academic Year of 2014-2015

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California State University, Dominguez Hills

Goals, Key Plans, and Success Indicators with Measurements for Success

Accessible Technology Initiative at CSU Dominguez Hills

Roles and Responsibilities

ATI Executive Sponsor

ATI Steering Committee

ATI Support Teams

Comprehensive Accessible Technology Initiative (ATI) Campus Plan Writing Process

Goals, Key Plans, and Success Indicators with Measurements for Success

ATI Instructional Materials Accessibility Plan

Goal 1. The campus has implemented a comprehensive plan to ensure the timely adoption of textbooks and other instructional materials.

Key Plans for Academic Year 2014-2015

Key Accomplishments for Academic Year 2014-2015

Key Plans for Academic Year 2015-2016

Key Plans for Academic Year 2016-2017

Goal 2. The campus has implemented a comprehensive plan to ensure that textbooks have been identified for courses with late-hire faculty.

Key Plans for Academic Year 2014-2015

Key Accomplishments for Academic Year 2014-2015

Key Plans for Academic Year 2015-2016

Key Plans for Academic Year 2016-2017

Goal 3. The campus has implemented a comprehensive plan to ensure that students with disabilities are identified and able to request alternate media materials in a timely manner.

Key Plans for Academic Year 2014-2015

Key Accomplishments for Academic Year 2014-2015

Key Plans for Academic Year 2015-2016

Key Plans for Academic Year 2016-2017

Goal 4. The campus has implemented policies and procedures to promote the posting of all required curricular and instructional resources (including print-based and multimedia materials) in a central, accessible electronic location.

Key Plans for Academic Year 2014-2015

Key Accomplishments for Academic Year 2014-2015

Key Plans for Academic Year 2015-2016

Key Plans for Academic Year 2016-2017

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Background

In 1973, Congress adopted the Rehabilitation Act, prohibiting discrimination on the basis of disability and ensuring equal opportunity for people with disabilities at any federal agency, including any program or institution that receives federal funds. Section 504 of the Rehabilitation Act ensures certain civil rights for people with disabilities, including access to federally funded programs or activities. In June 1977, the federal government issued regulations implementing Section 504, and in response, California State University (CSU) campuses prepared self-evaluations identifying the steps that would ensure that students with disabilities had equal access to educational opportunities.

In 1990, the federal government enacted the Americans with Disabilities Act (ADA), which reaffirmed Section 504 of the Rehabilitation Act of 1973 and extended the discrimination prohibition to businesses and organizations that do not receive federal funds. The ADA also detailed additional criteria in the areas of employment, new construction or renovation, transportation, and telecommunications; and for public entities that employ 50 or more people; it required the appointment of an ADA coordinator, a self-evaluation, and a transition plan to itemize compliance steps.

In August 1998, President Bill Clinton signed into law the Rehabilitation Act Amendments of 1998. Among other things, the law requires federally funded programs and services to provide people with disabilities access to electronic and information technology. It also strengthened Section 508 of the Rehabilitation Act, which was enacted to eliminate barriers in information technology, make new opportunities available for people with disabilities, and encourage development of technologies that will help achieve these goals. The law applies to all federal agencies, which must ensure that any electronic and information technology that is developed, procured, maintained, or used is accessible to employees and members of the public with disabilities. Section 508 also describes various means for disseminating information, including computers, software, and electronic office equipment. It applies to, but is not solely focused on, federal web pages on the Internet. The law does not apply to private industry or state and local government, but those entities must comply with the law if they are receiving federal funds or under contract with a federal agency. Government Code §11135 requires the CSU and other state governmental entities to comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973, as amended.

In 2004, the CSU implemented Executive Order 926, Policy on Disability Support and Accommodations, to make information technology resources and services accessible to all CSU students, faculty, and staff, as well as the general public. Concurrently, the CSU developed the Center for Accessible Media to help expedite the delivery of electronic instructional texts to eligible CSU students with disabilities. In January 2006, the CSU launched its Accessible Technology Initiative (ATI) in order to develop the work plan, guidance, and resources to assist campuses in carrying out the accessible technology (AT) provisions of its revised Policy on Disability Support and Accommodations. CSU ATI plans are continuously developing and were revised and extended through policy every year from 2007 to 2014 based on experiences reported by the campuses and the understanding that ATI requirements and milestones should be flexible, allowing campuses to follow different plans for accomplishing them. It is anticipated that the ATI will continue to evolve as new needs are identified.

In January 2013, the CSU issued Coded memorandum Academic Affairs 2013-3, Accessible Technology Initiative, to provide campuses with guidance for implementing AT. The memorandum establishes responsibilities and outlines overall governance, specified project planning, and established implementation timelines.
Accessible Technology Initiative at CSUDH

California State University, Dominguez Hills is committed to providing an inclusive environment that ensures campus information technology and resources are accessible to all students, faculty, staff, and the general public, regardless of disability. This is a shared responsibility that cuts across the campus and requires ongoing, overall institutional attention and commitment for its success.

The Accessible Technology Initiative (ATI) at CSUDH adheres to the California State University (CSU) system wide mandate to provide access, which is articulated in Executive Order 926 (EO 926), the CSU Board of Trustees Policy on Disability Support and Accommodations and supported by CSU coded memorandums AA-2007-04 and AA-2013-03.

Successful implementation of the ATI at CSUDH requires collaboration among faculty, disability resource centers, bookstores, academic and student services departments, academic technology and other institutional staff, and students with disabilities. Oversight for ATI implementation is the responsibility of the ATI Executive Sponsor and the ATI Steering Committee.

Roles and Responsibilities

ATI Executive Sponsor

The campus Executive Sponsor [or delegate], working with the campus ATI Steering Committee, reviews and updates the ATI Campus Plan to guide its implementation. The Plan indicates the specific success indicators the campus will focus its efforts on across the 3 priority areas [instructional materials, web, and procurement]. The executive sponsor communicates recommendations from the ATI Steering Committee to the University President.

The executive sponsor also leads the ATI implementation effort through the following activities:

- Conduct regular ATI Steering Committee meetings no less than twice per year.
- Ensure that the Committee membership is comprised of all key stakeholder groups and includes members with appropriate experience and expertise to inform decision-making.
- Engage in a periodic administrative review process with the Committee regarding challenges, milestones, resources, and document ongoing progress.
- Monitor, leverage, and implement deliverables from system wide ATI activities that will advance campus efforts.
- Ensure that Committee members monitor, participate in, and contribute to “Community of Practice” activities.
- Channel communications from the CSU Chancellor’s Office to appropriate parties on campus.
- Act as the signature of authority on ATI policies.

ATI Steering Committee

The ATI Steering Committee oversees the ATI implementation including reviewing and revising the ATI Campus Plan, implementing projects and activities to meet ATI goals, and documenting progress toward these goals using the CSU ATI Annual Report process. The committee monitors compliance, is an advocate for the initiative, communicates the initiative to their respective areas, and makes recommendations to the Executive Sponsor. The Committee membership is comprised of all key stakeholder groups and includes members with appropriate experience and expertise to inform decision-making.
ATI Support Teams
The CSUDH ATI Steering Committee includes three teams that work together with the campus community to accomplish goals in ATI priority areas:

Instructional Materials team: provides resources, tools, training and expertise to faculty and staff to ensure that all documents and media are accessible to all.

Procurement team: provides resources, tools, training and expertise to employees and vendors to ensure that all electronic and information technology (E&IT) products and services purchased for the University are accessible to all.

Web team: provides resources, tools, training and expertise to faculty and staff to ensure that all University and auxiliary websites are accessible to all.

Comprehensive Accessible Technology Initiative (ATI) Campus Plan Writing Process
The ATI Campus Plan, with the effective date of December 19, 2014, was the initial pass at rewriting the outdated ATI Campus Plans (Instructional Materials, E&IT Procurement, and Web Accessibility). As the ATI Steering Committee is responsible for reviewing and revising the ATI Campus Plan, the members were committed to reviewing the first pass of the updated plan beginning in January, 2015, and defining three to five clear and measureable Key Plans for each goal listed in this plan. As this comprehensive plan covers all three of the priority areas reportable on the ATI Annual Report to the Chancellor’s Office, the ATI Steering Committee was split into three working groups and worked with the ATI Staff Support Team Members to formalize all the goals, key plans, processes, and measurements for success through documentation and implementation. The working groups were given two months to complete this task and report back to the entire ATI Steering Committee in March, 2015. Upon the completion of their reports, the first pass document was revised and submitted to the CSU Chancellor’s Office auditors.

In April, 2015, the ATI Campus Plan with the effective date of March 31, 2015, was presented to the ATI Steering Committee for final review. The committee spent countless hours reviewing the document. As this is a multiyear plan, the ATI Steering Committee will review this plan at the beginning of each academic year and publish any revisions to the plan with a current effective date. Upon reviewing this plan annually, the ATI Steering Committee will propose recommendations for implementation to the ATI Executive Sponsor. In academic year 2016-2017, the committee will write the plan for the following three years.
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Goals, Key Plans, and Success Indicators with Measurements for Success

ATI Instructional Materials Accessibility Plan

**Goal 1.** The campus has implemented a comprehensive plan to ensure the timely adoption of textbooks and other instructional materials.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicator 1.1.

Academic Year 2014-2015: The status level reported was managed with a commitment to work on success indicators 1.1, 1.2, 1.4, and 1.5.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 1.1. Fall 2014 campus implemented robust adoption collection system, Follett Discover. Information about this system will be part of the Faculty Informational Fair which is part of New Faculty Orientation. Spring 2015 the FDC will host an informational workshop regarding this new system in collaboration with the bookstore.
- Success Indicator 1.2. Bookstore manager will meet with college chairs councils to explore new resources and identify issues to be resolved related to accessible course materials and textbook adoption.
- Success Indicator 1.4. The new adoption collection system has a dashboard that provides real time adoption collection data. The bookstore manager will provide a report to associate deans regarding adoption rates per college.
- Success Indicator 1.5. The bookstore manager will provide a report to associate deans regarding adoption rates per college.

**Key Accomplishments for Academic Year 2014-2015**

- Success Indicator 1.1. Completed every semester via a workshop.
- Success Indicator 1.2. Initiated.
- Success Indicator 1.4. Every semester we send a missing book list to the associate deans.
- Success Indicator 1.5. Completed every semester.

**Key Plans for Academic Year 2015-2016**

- Success Indicator 1.1. The bookstore manager will provide quarterly program review in which top 10 departments needing additional assistance to submit timely book adoptions. Manager will work with associate deans and department chairs to resolve problems.
- Success Indicator 1.2. Regular semester meetings with college chair councils is established practice. Review of procedures and adoption rates are part of that consultation.
- Success Indicator 1.4. The bookstore manager will provide training to associate deans to facilitate them using the dashboard for review of college adoption collection data.
- Success Indicator 1.5. The bookstore manager will provide training to associate deans to facilitate them using the dashboard for review of college adoption collection data.
Key Plans for Academic Year 2016-2017

- Success Indicator 1.1. Manager and college chair council will review adoption program procedures and revise given assessment.
- Success Indicator 1.2. Manager and associate dean will review adoption program procedures, data reports and assessment.
- Success Indicator 1.4. Manager and associate dean will review adoption program procedures, data reports and assessment.
- Success Indicator 1.5. Manager and associate dean will review adoption program procedures, data reports and assessment.

Success Indicator 1.1. Campus has formally documented (e.g., Policy, Resolution, or Procedure) a process to ensure the timely adoption of textbooks and other instructional materials. [Commitment]

Process: The campus has a documented policy related to the timely adoption of textbooks (Policy Code Number: AAAP041.001; Status: Active; Effective Date: March 19, 2007; Subject: Timely Adoption of Textbooks) which states, "It is important to accommodate the needs of all students, particularly students with disabilities. To comply with the Americans with Disabilities Act (ADA), instructors who do not submit textbook(s) and/or instructional materials orders by the deadline established by the campus bookstore will lose the right to select the textbook and/or instructional materials for the course for the semester. The department chair or program coordinator will be required to select the textbook(s) and/or instructional materials for the courses that do not have textbook(s) and/or instructional materials adopted by the deadline."

Senate resolution EPC 14-02 (Resolution in support of Required Syllabus Content; Effective March 5, 2014), identifies required guidelines faculty must follow when developing course syllabi. This policy requires that faculty list all texts and materials required and include a specific reference to the University Catalog’s statement regarding individuals with disabilities and services provided by Disabled Student Services. Through the academic curriculum review process the following committees check for ADA information in curriculum proposals and modifications: University Curriculum Committee, General Education Committee and all college curriculum committees.

The University Bookstore sends a historical book adoption form (and some blank forms) to the department coordinators during the months of March and September. Book adoption forms are due April 15 for Fall and October 15 for Spring; for Winter and Summer they are due as soon as possible. After the due date the University Bookstore continues sending e-mail reminders for all the missing book lists and also sends personal emails to faculty members. The sequence of communication must continue to flow.

Measurement: Per the bookstores records, we are currently at an 86% adaption rate and our goal is to increase the average adaption rate to 90% of all adoptions two weeks before final exams.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 1.2. Campus has developed capacity (e.g., established practices, specified staff time, educational/training resources, and/or technology) to achieve compliance with timely adoption. [Ability]

Process: Each academic term, the bookstore sends information regarding submission dates for course materials and information regarding the variety of modalities for these materials.
Each academic term, the Faculty Development Center offers an orientation to instructors. This orientation includes a section on course design. The “universal design model” is referenced with information about format and tools for making all learning materials ADA compliant.

The Faculty Development Center also hosts an E-Academy providing tools and materials for course redesign based on pedagogy and standards established by Quality Matters (QM). One of the eight general standards on the QM rubric is “Accessibility and Usability;” specifically, courses must “provide alternative means of access to course materials that meet the needs of diverse learners.” E-Academy participants are instructed to incorporate learning materials and tools that meet universal design principles, and they are directed to campus resources for making legacy materials accessible. Although the Quality Matters rubric is designed to evaluate the quality of online course design it is used in the E-Academy to evaluate the quality of course design for all instructional modalities.

The Faculty Development Center website (www4.csudh.edu/fdc/) provides useful links and course examples of educational resources and research-based strategies for course-level ADA compliance. The instructor guide available to all instructors provides information about campus departments and syllabus design given ADA requirements.

The University Bookstore has developed a webpage for faculty and coordinators to enter their book adoptions, this webpage is found under the university bookstore website at: www.csudhshop.com. In the middle of the Fall semester we introduced a new and easy way to transmit books adoptions with a program called Follett Discover. Faculty members are now able to transmit their book adoptions through Blackboard. The University Course Materials Manager and team lead continue to visit the departments to see if anyone needs any help or if they have any questions. We will also teach new coordinators and faculty upon request. The University Bookstore staff are always available to answer questions.

**Measurement:** The best method to measure success for this indicator will be the number of faculty who received training and whether they are able to use the tools provided by the Faculty Development Center and the Bookstore to achieve ADA compliant goals. This is becoming part of our accreditation to support ADA compliance.

**Annual Reports:**

Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.

**Success Indicator 1.3. Removed.**

**Success Indicator 1.4.** Campus has established a process to gather data (e.g., percentage and number) regarding adoption of IM by established campus deadline. [Measurement]

**Process:** The bookstore regularly sends reports to the Provost, Deans, Chairs, and to the Leadership team. The reports allow Deans to work with the departments to encourage on-time adoptions.

**Measurement:** The best method to measure success for this indicator will be the number of courses where faculty have adopted course materials and textbooks in the affordable learning initiative. Numbers per semester provided by the Bookstore to the Colleges and Affordable Learning Council- coordinators. We will take a baseline of the number of faculty and plan for a ten percent (10%) increase.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.
Goal 2. The campus has implemented a comprehensive plan to ensure that textbooks have been identified for courses with late-hire faculty.

Academic Year 2013-2014: The status level reported was defined.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 2.1, 2.3, and 2.4.

Key Plans for Academic Year 2014-2015

- Success Indicator 2.1. Establish an Affordable Learning Solutions Council with faculty members for each College Fall 2014.
- Success Indicator 2.3. Council members present information about ALS to college departments Spring 2015.
- Success Indicator 2.4. ALS campus coordinator design RFP for department redesign of discipline materials during Fall 2014 with Spring 2015 submission.
- Set deadlines for staffing courses ahead of textbook adoption deadlines.
- Create standard syllabuses and collection of instructional materials and learner engagement activities for courses regularly staffed late due to enrollment volatility.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 2.1. College representatives have been assigned.
- Success Indicator 2.3. This will be done via a conference on November 13, 2015, presenting best practices.
- Success Indicator 2.4. This is being done both for online and late adoption.

Key Plans for Academic Year 2015-2016

- Success Indicator 2.1. Expand Affordable Learning Solutions Council college activities.
success indicator 2.3. semester report of council activities to college chair councils and als coordinator report to deans council.

success indicator 2.4. fall affordable learning solutions conference with faculty sharing course resources and vendors displaying tools/resources during fall 2015 annual event.

key plans for academic year 2016-2017

- success indicator 2.1. affordable learning solutions council will identify sets of resources available to faculty that are not limited to textbooks but a range of course resources.
- success indicator 2.3. als coordinators will facilitate department workshops regarding redesign of major curriculum with accessible materials. department may apply for funding to support program redesign and assessment new course resources.
- success indicator 2.4. based on conference activities and resources, faculty will apply for course redesign using materials identified from the conference. spring 2016. fall 2016 fdc will host workshops for peer-to-peer exchange of ideas regarding accessible course resources used in fall 2016 courses. spring 2017 faculty work will be acknowledged with a als certificate ceremony.

success indicator 2.1. all academic units have implemented specific procedures for late hire or adjunct faculty members for the timely adoption of curricular materials. [ability]

process: all late hire or adjunct instructors have access to the resources of the faculty development center (fdc), workshops related to ada throughout the term and individual consultation with the fdc staff on problems of course design or technology usage based on universal design.

late hire instructors utilize the pre-existing materials ordered for a course. individual departments may provide a resource shell of materials to the late hired instructor based on the department guidelines for a course. the resource shells would include video, course activities and quiz/tests from the department course archives. these materials are based on the campus universal design model and ada standards.

only a few departments adopt titles for all instructors. for adjunct faculty, the bookstore takes their adoptions as soon as they know they are teaching.

measurement: we offer basic workshops regarding designing course materials and track participants of these events. modeled after our ferpa training, we may develop an online tutorial regarding course design with introduction to universal design, affordable learning tools, and bookstore resources. new instructors would receive an invitation to complete this tutorial with their personnel/department materials.

annual reports: academic year 2013-2014: the status level reported was initiated and started in 2007.

academic year 2014-2015: the status level reported was initiated and started in 2007.

success indicator 2.2. removed.

success indicator 2.3. campus has established a process to gather data (e.g., percentage and number) regarding adoption of im for late-hire adoptions. [measurement]

process: the bookstore regularly sends reports to the provost’s, deans, chair and to the leadership team. the reports allow deans to work with the departments to encourage on-time adoptions.

measurement: this year we will determine a baseline to identify the percent of online adoptions. the steering committee will review adoption rates yearly and notify the department chairs.
Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 2.4. Campus has established a process to distribute performance reports regarding timely, late-hire adoptions to campus administration at least annually. [Measurement]
Process: Only a few departments adopt titles for all instructors. For adjunct faculty, the Bookstore takes their adoptions as soon as they know they are teaching.
Measurement: The best method to measure success for this indicator will be an increase each year in the number of late-hires able to comply with the textbook adoption policy.

Affordable learning solutions council will work with colleges to develop a process per department/area for timely adoption supporting ALS.

Hiring of tenure track faculty 2013-14 and 2014-15 reduced the number of adjunct instructors directly impacting late adoption. Several departments established a process of department chair or the program coordinator ordering books used for all course sections.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

Goal 3. The campus has implemented a comprehensive plan to ensure that students with disabilities are identified and able to request alternate media materials in a timely manner.
Academic Year 2013-2014: The status level reported was managed.

Academic Year 2014-2015: The status level reported was managed with a commitment to work on success indicators 3.1, 3.2, 3.3, and 3.4.

Key Plans for Academic Year 2014-2015
- Success Indicator 3.1. Review how students with disabilities are identified and services provided.
- Success Indicator 3.2. DSS design a presentation for college department chair council, Academic Dean Council define measurements for and work towards optimized.
- Success Indicator 3.3. DSS design guide to be posted on FDC web site reviewing the process to request alternative media materials at DH for students.
- Success Indicator 3.4. Library review web information related to equipment and services support DSS student needs and faculty questions.
- Success Indicator 3.5. DSS and Library collaborate with FDC director in the design of workshop regarding “understanding students with disabilities” and course redesign supporting their academic success.

Key Accomplishments for Academic Year 2014-2015
- Success Indicator 3.1. This was completed be reviewing the DSS procedures.
- Success Indicator 3.2. DSS presents their processes to the colleges.
- Success Indicator 3.3. DSS has given the FDC a presentation to use in their workshops.
- Success Indicator 3.4. The Library provides a handout and instructions.
- Success Indicator 3.5. A copy of the workshop materials are available to all who attend.
Key Plans for Academic Year 2015-2016

- Success Indicator 3.1. Initiate annual DSS presentation to college chair councils, Academic Dean Council in Fall term/annual event.
- Success Indicator 3.2. DSS attend Faculty Information Fair Fall and Spring for distribution of materials to faculty.
- Success Indicator 3.3. FDC post DSS procedure guide for student requests on web site and add materials to Faculty Orientation packets.
- Success Indicator 3.4. Host workshop “understanding students with disabilities” and course redesign supporting their academic success Fall 2015 with annual event each Fall term.

Key Plans for Academic Year 2016-2017

- Success Indicator 3.4. Online video recording of workshop “understanding students with disabilities” and course redesign supporting their academic success Fall 2016 with annual event each Fall term.
- Success Indicator 3.2. Ongoing collaboration of DSS with Faculty Development Center to share best practice and services related to student success at the new faculty orientation. New faculty orientation is an ongoing activity held each semester.
- Success Indicator 3.3. FDC, Library, and IT web sites will have link to DSS media requests. The ALS coordinators will present information regarding media requests to each college chairs council during the fall start up activities.
- Success Indicator 3.4. DSS in collaboration with ATO will develop an online informational video to share effective strategies for assisting students with disabilities in their academic program.
- Success Indicator 3.5. DSS in collaboration with Student Services outreach will design an orientation activity to be used during summer student orientations.

**Success Indicator 3.1. Campus has implemented a system to provide early registration for alternate media-eligible students. [Ability]**

**Process:** Students with disabilities participate in advanced registration and receive priority registration appointment times. This allows the student with a disability to select and register for classes well in advance of the start date for their next semester classes. Students with disabilities are asked to submit their class schedule of all the classes in which they are registered and would like to receive assistance (reasonable accommodations; i.e. accessible technology, disability management advising, alternate test site & test proctoring, and sign language interpreters, etc.).

**Measurement:** We measure success by documenting the number of students with disabilities who participate in advanced registration with priority registration timeslots. We also document the number of requests we receive for accessible technology assistance prior to the start of the semester by students with disabilities who participated in advanced registration and submitted classes scheduled to Disabled Student Services (DSS) and were provided reasonable accommodations in the form of alternate media. Our goal is to address all alternate media-eligible student needs prior to the start of the semester. This goal is readily achievable when the student participates in advanced registration and submits their class schedule to DSS within 15 days of registering for classes through the advanced priority registration process.

**Annual Reports:** Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.
Success Indicator 3.2. Campus has implemented a system to track early registration usage by alternate media-eligible students (intended to provide alternate media programs with sufficient time to produce alternate media as well as to document student conformance with alternate media submissions procedures).

[Measurement]
Process: We provide advance registration opportunities for students with disabilities who are eligible for alternate media accommodations. We track and contact those students to encourage them to participate in advanced registration and to submit their class schedules to DSS within a 15 day period after registration. This allows DSS to document our contact with students who may need alternate media accommodations and to have sufficient time to produce alternate media and to work with other departments such as IT, if needed.

Measurement: We measure success by the number of students requesting alternate media verses the number of those same students who participated in advanced registration and submit their request for accommodations within 15 days of participating in advanced registration. Our goal is to provide reasonable accommodations in the form of alternate media to all eligible students who make a request within the 15 day period and for those who did not make their request known during the 15 day period as soon as possible, usually within five days of notice during the semester.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2012.
Academic Year 2014-2015: The status level reported was managed and started in 2007.

Success Indicator 3.3. Campus has implemented a system that allows alternate media requests to be submitted without appearing in-person during regular business hours (e.g., web-based forms, integration with student registration portal). [Ability]

Process: We use a web form which may be found at: http://www4.csudh.edu/it/services/academic-technology/request-media-for-classroom/index

Measurement: We track the forms and are committed to rapid turnaround times.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.
Academic Year 2014-2015: The status level reported was managed and started in 2007.

Success Indicator 3.4. Campus has implemented a system to track the timeliness of alternate media requests.

[Measurement]
Process: Currently, IT receives requests for captioning through email, which are checked throughout the day. An IT staff person attends to the requests in the order they are received, letting clients know the turnaround time and whether physical media needs to be digitized.

Measurement: We track the forms and are committed to rapid turnaround times.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.
Academic Year 2014-2015: The status level reported was managed and started in 2007.
**Success Indicator 3.5.** Campus has developed specific measures of success for early identification of students with disabilities (e.g., percentage of eligible students who utilize early registration) and implemented a system to track these measures. [Measurement]

Process: DSS provides reasonable accommodations to all students with disabilities who self-identify and complete the DSS application process. Part of the DSS application process requires verification of disability and the resulting functional limitations, as well as an orientation to DSS policy for requesting and receiving reasonable accommodations through DSS. During the DSS orientation, the student with a disability receives instructions on how and when to request services as well as how to submit any concerns or complaints regarding services. All students with disabilities who self-identify and request reasonable accommodations are tracked and monitored for successful provision of accommodations and satisfaction.

Measurement: We measure success by tracking all students with disabilities who request and receive reasonable accommodations. We regularly meet with our students who receive reasonable accommodations and seek information on the success of the provided accommodation and provide adjustments, as needed. We also take note of any issues, concerns, or complaints which have been addressed in reference to any student receiving reasonable accommodations. All these things are discussed in DSS staff meetings and case consultations. It is our goal to provide the best quality reasonable accommodations to all students with disabilities.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.

**Goal 4.** The campus has implemented policies and procedures to promote the posting of all required curricular and instructional resources (including print-based and multimedia materials) in a central, accessible electronic location.

Academic Year 2013-2014: The status level reported was managed.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 4.3, 4.7, 4.8, 4.9, and 4.10.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 4.1. Current practice course resources/text are posted in MyCSUDH class schedule. The listing is per course per term.
- Success Indicator 4.7. ATO in collaboration with IT staff and procurement will review current practice and identify obstacles that need to be changed related to timely adoption.
- Success Indicator 4.8. ATI Steering Committee will be establishing a process to periodically request and review updated vendor documentation and pilot process in Spring 2016.
- Success Indicator 4.9. DSS will conduct an annual inventory of resources and equipment to be discussed with ATI Steering Committee. The inventory will assess the effectiveness of resources and appropriate location of equipment given student needs.
- Success Indicator 4.10. Bookstore manage will conduct an inventory instructional materials posted electronically to be used as the campus baseline.

**Key Accomplishments for Academic Year 2014-2015**

- Success Indicator 4.1. This is completed each semester via MyCSUDH portal.
Success Indicator 4.7. We’re still waiting to have formal meetings upon the hiring of the ATO, but we meet informally as needed.

Success Indicator 4.8. We’re creating the pilot for Spring of 2016.

Success Indicator 4.9. This has been completed but not yet discussed with the steering committee.

Success Indicator 4.10. The Bookstore and the academic Council of Deans meet to review this.

Key Plans for Academic Year 2015-2016

- Success Indicator 4.3. Revision of current posting to include archive of past terms and course resources.
- Success Indicator 4.7. ATO in collaboration with IT staff and procurement will initiate annual review with revision of process.
- Success Indicator 4.8. ATI Steering Committee will review and revise the process to periodically request and review updated vendor documentation based on Spring 2015 pilot.
- Success Indicator 4.9. DSS will provide documentation to Student Affairs staff to be distributed at student orientation Summer 2015 regarding procedures for accessing materials through DSS office. This information will also be shared with Academic Affairs (Dean Council, Associate Dean Council and Library staff) start Spring 2015.
- Success Indicator 4.10. Using the campus baseline identified from the inventory, the Bookstore manager will collaborate with Academic Affairs Council of Deans to increase compliance by 15%.

Key Plans for Academic Year 2016-2017

- Success Indicator 4.4. The Bookstore in collaboration with IT will explore an integrated submission of course resources through Follett Discovery to include both video and text accessible materials. A pilot project with several departments will be introduced in Spring 2017.
- Success Indicator 4.7. ATO in collaboration with IT staff and procurement will conduct annual review and present findings to ATI Steering Committee.
- Success Indicator 4.8. ATI Steering Committee will annually review the process regarding vendor documentation each Spring.
- Success Indicator 4.9. Establish annual review of materials submitted to Student Affairs and Academic Affairs by DSS.
- Success Indicator 4.10. Establish annual review of inventory by Academic Affairs Council of Deans with Bookstore manager and revise as assessment notes.

Success Indicator 4.1. Campus has formally documented (e.g., Policy, Resolution, or Procedure) a process to promote or require the posting of instructional materials to a central, electronic location (e.g., LMS, lecture capture system, course website). [Commitment]

Process: Faculty are required to submit a copy of course syllabi to department office each term. Course websites are provided for each course, but there are no campus-wide requirements for posting materials electronically.

Measurement: We can determine how many empty LMS courses there are compared to how many are were created and being used. This year we’ll inventory the location of syllabi and next year each college will identify where the syllabi are posted.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.
California State University, Dominguez Hills

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 4.2. Removed.

Success Indicator 4.3. Campus has established specific guidelines and procedures for submitting course and curricular materials hosted in campus LMS. [Commitment]

Process: The University Curriculum Committee will be looking closely at classes coming before it for approval, particularly online and hybrid proposals, to ensure that they meet standards of accessibility issues for students with disabilities.

Measurement: We measure our success by the quantity of course material submitted that we do not receive complaints about regarding accessibility and how effectively any complaints are resolved.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 4.4. Campus has implemented procedures to accelerate the delivery of alternate media materials to improve timeliness (e.g., electronic delivery via campus LMS or FTP). [Ability]

Process: A request for captioning is made via email or web form. The client is contacted to see whether it is physical or digital media that needs to be captioned. IT receives the media from the client. If its physical media, IT digitizes it, which may take up to 3 business days. Then IT submits the digital media to CaptionSync. They have a 3 day turnaround time per video. The captions are received as SRT files. IT uses Camtasia Studio to insert the captions in the video and create a web player which can be accessed.

Measurement: We measure our success by the quantity of alternative media material submitted and the timeliness of the turnaround.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 4.5. Campus has implemented a procedure that provides alternate media production staff with timely access to instructional materials within the central electronic location. [Ability]

Process: We are working on a media and captioning request form based on the one found at: http://www4.csudh.edu/it/services/academic-technology/request-media-for-classroom/index We are also creating a page detailing the captioning process and an Excel sheet to ensure requests are dealt with in a timely manner.

Measurement: We measure our success by the quantity of alternative media material submitted and the timeliness of the turnaround.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.
Success Indicator 4.6. Removed.

Success Indicator 4.7. Campus has established a process to review vendor documentation and/or conduct product testing to determine the accessibility support provided by the central, electronic location (e.g., LMS, lecture capture system, course website). [Measurement]

Process: We are currently exploring techniques to evaluate the accessibility of alternate media and various academic technology tools such as lecture capture and captioning.

Measurement: As this is a new success indicators, we will measure our success by the quantity of alternative media material submitted and the timeliness of the turnaround.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 4.8. Campus has established a process to periodically request and review updated vendor documentation and/or conduct updated product testing for the central, electronic location. [Measurement]

Process: As this is a new success indicator this year, the ATI Steering Committee will be establishing a process to periodically request and review updated vendor documentation.

Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 4.9. Campus has developed an Equally Effective Alternate Access Plan (EEAAP) that addresses how the campus will ensure equal access for individuals with disabilities to IM stored within the central, electronic location. [Measurement]

Process: DSS will provide documentation to Student Affairs staff to be distributed at student orientation regarding procedures for accessing materials through DSS office. This information will also be shared with Academic Affairs (Dean Council, Associate Dean Council and Library staff) annually. Given this information the library will make sure that the Library has the software and hardware to ensure equal access to all materials stored in online and print media.

Measurement: We make sure that ATI software, hardware, and equipment are adequate for all users.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 4.10. Campus has established a process to measure the extent to which IM are posted to the central, electronic location. [Measurement]

Process: As this is a new success indicator this year, the ATI Steering Committee will be establishing a process to measure this success indicator.

Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Goals 5. The campus has implemented policies and procedures to ensure that accessibility requirements have been incorporated into the adoption process for all multimedia-based instructional resources.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicators 5.1 and 5.3.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 5.3, 5.9, and 5.10.

Key Plans for Academic Year 2014-2015

- Success Indicator 5.1. In response to Senate resolution, Academic Affairs policy EPC 14-12: Ensuring Consistency across Instructional Modalities based on current standards of accessibility was drafted. This policy will be used for UCC review of course submissions.
- Success Indicator 5.3. The Library will design an inventory of all course resources used by students for academic success. The inventory will include multimedia, textbooks and software and data usage. This inventory will be review by ATI Steering Committee.
- Success Indicator 5.6. Currently the library and DSS have designated one staff member responsible for liaison with accessibility activities on campus. These staff members will provide information to ATI Steering Committee when requested.
- Success Indicator 5.7. DSS, the Library, and IT will collaborate to inventory the various tools and resources for accessibility to support student academic success.
- Success Indicator 5.8. Currently the library, IT and DDS have “open space” available for campus users.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 5.1. UCC and the GE Committee review courses given.
- Success Indicator 5.3. The Library controls the inventory policy.
- Success Indicator 5.6. This is completed by the Affordable Learning Coordinator.
- Success Indicator 5.7. The Library has revised the inventory on the website for more visibility.
- Success Indicator 5.8. The Library and IT Computer Lab have expanded the DSS stations available.

Key Plans for Academic Year 2015-2016

- Success Indicator 5.3. The DSS and Library inventory will be an annual reviewed that is submitted to ATI Steering Committee each Summer.
- Success Indicator 5.9. Review if IT staff activities given current best practice. Revise process and procedures for IT staff given review.
- Success Indicator 5.10. DSS will collaborate with IT and bookstore to design process integrating real-time/ captioning into course resources.

Key Plans for Academic Year 2016-2017

- Success Indicator 5.6. Established process of inventory review, Summer, and presentation of review to ATI Steering Committee each Fall.
Success Indicator 5.1. Campus has developed and implemented accessibility requirements for selecting and adopting multimedia curricular materials (e.g., requirements for captions, transcripts, audio description, and accessible web players). [Commitment]

Process: A new campus policy, EPC 14-12: Ensuring Consistency across Instructional Modalities, passed on November 5, 2014, requires that “all online materials created for use in instruction shall comply with the Americans with Disabilities Act (1990), Section 504 of the Rehabilitation Act of 1973, and Chancellor’s Office policies on accessibility for online education.” It also requires faculty to ensure that all instructional materials, including those prepared by faculty, be in accessible formats and charges the campus with providing “technical support and faculty development to ensure accessibility requirements are met.”

Measurement: The method of measurement will be discussed and determined in the ATI Steering Committee.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 5.2. Campus has established a strategic process, based on available resources, for prioritizing the remediation of inaccessible multimedia materials. [Commitment]

Process: Both Library and DSS acquire software and hardware and provided services to facilitate access to print and digital multimedia materials. We also developed handouts and instruction sheets on how to use the equipment.

Measurement: An annual review by the Library of equipment to confirm operation and appropriate usage given disabled student population. Collaborates with DSS in survey of disabled student population satisfaction with equipment and materials.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 5.3. Campus has established a process to inventory existing multimedia content including usage data. [Measurement]

Process: DSS in collaboration with the library will design an inventory of all course resources used by students for academic success. The inventory will include multimedia, textbooks and software and data usage. This inventory will be reviewed by ATI Steering Committee.
Measurement: All print and digital multimedia content is accessible on the Library’s website; these materials are available anytime and anywhere. The Library maintains annual usage statistics of multimedia materials.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2007.

Academic Year 2014-2015: The status level reported was initiated and started in 2007.

Success Indicator 5.4. Removed.

Success Indicator 5.5. Removed.

Success Indicator 5.6. Campus has specified staff for addressing the accessibility of existing and planned multimedia content. [Ability]

Process: The Library has designated one staff, who oversees the ATI equipment, staff-training, and service as part of the responsibilities. DSS is reviewing services and drafting staff needs.

Measurement: The Library measures the success of this staff person by communications between users and their level of satisfaction.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

Success Indicator 5.7. Campus has acquired tools for addressing the accessibility of existing and planned multimedia content. [Ability]

Process: DSS works with IT to address existing and planned multimedia accessibility issues. DSS and IT will continue to work together to address and acquired tools to better address accessibility of existing and planned multimedia content on our campus. Based on annual inventory of DDS and library resources and equipment, the campus materials will be updated or revised.

Measurement: Annual inventory of hardware and software testing operation and disabled student need by DSS and library will be presented to ATI Steering Committee, each Summer.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

Success Indicator 5.8. Campus has established work space for addressing the accessibility of existing and planned multimedia content. [Ability]

Process: Within DSS and IT there is work space for addressing the accessibility of existing and planned multimedia content. Efforts are also underway to seek additional space as we formalize our process. The Library has designated spaces for the ATI equipment and provides open access to the spaces and equipment.

Measurement: We make sure that the work space is open and accessible.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.
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**Success Indicator 5.9.** Campus has specified staff to coordinate with post-production captioning/transcription vendors and/or campus personnel that provide this service. [Measurement]

*Process:* Establish annual professional development training for IT staff to maintain currency with best practice. Identify assessment activities to evaluate impact of changes on service and student learning.

*Measurement:* Annual survey by DSS staff of students regarding services and equipment related to course activities. Based on survey results, IT staff training and procedures will be revised.

*Annual Reports:* This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

**Success Indicator 5.10.** Campus has specified staff to coordinate with real-time captioning/transcription vendors and/or campus personnel that provide this service. [Measurement]

*Process:* DSS provides staff to coordinate with real-time captioning/transcription vendors who are hired as contract vendors.

*Measurement:* We measure success by fulfilling all eligible requests for this service within 15 days of priority advanced registration in preparation for the start of the upcoming semester and five day's notice once the semester has started. Our goal is to fulfill all eligible requests by students who submit their class schedules to DSS requesting reasonable accommodations.

*Annual Reports:* This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

**Goal 6.** The campus has implemented policies and procedures to ensure that accessibility requirements have been incorporated into the curricular review process.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicators 6.1, 6.2, 6.3, and 6.4.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 6.2, 6.4, 6.5, and 6.6.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 6.2. Academic Senate EPC 14-12 Ensuring Consistency Across Instructional Modalities and Location Approved on November 5, 2014.
- Success Indicator 6.4. New campus policy drafted Academic Affairs (Ensuring Consistency Across Instructional Modalities and Location) March 2015.
- Success Indicator 6.5. Revision of forms for Curriculum Review Process to document compliance with the Americans with Disabilities Act and Chancellor’s Office policies on accessibility for educational materials in effect at the time of instruction.
- Success Indicator 6.6. Faculty Development workshops based on Quality Matters standards for course design that incorporate DS guidelines.
- Provide training for at least one member of each college curriculum committee plus GE and UCC annually.
Key Accomplishments for Academic Year 2014-2015

- Success Indicator 6.2. UCC forms are used for course and programs.
- Success Indicator 6.4. This is completed via the Academic Affairs Policy for modality.
- Success Indicator 6.5. The forms have been revised.
- Success Indicator 6.6. The FDC has events and Quality Matters training.

Key Plans for Academic Year 2015-2016

- Success Indicator 6.2. E-Academy training for hybrid and online instruction designed around new academic policy and QM standards.
- Success Indicator 6.4. Fall implementation of new forms for Curriculum Review submissions.
- Success Indicator 6.5. Fall implementation of standards in program review reports of departments.
- Success Indicator 6.6. Each department chair will review materials to be posted for courses in alternative modes of instruction. If materials are not compliant the instructor will be referred to FDC or IT for assistance in redesign of materials.

Key Plans for Academic Year 2016-2017

- Success Indicator 6.2. E-Academy participants to increase by 10% total number of faculty applying QM rubric.
- Success Indicator 6.4. Fall notification to all programs going through program review of new standards related to DS guidelines.
- Success Indicator 6.5. All program review reports by departments for 2015-16 will include DS guidelines and assessment data.
- Success Indicator 6.6. Increase by 10% the number of departments using QM for course redesign with DS guidelines.

Success Indicator 6.1. Removed.

Success Indicator 6.2. Campus has established accessibility standards or guidelines for selecting, authoring, and procuring curricular materials (e.g., documents, videos, web/mobile applications). Example: Course Accessibility Checklist. [Commitment]

Process: This success indicators is accomplished through our Quality Matters training. Faculty learn about issues and guidelines regarding accessibility in instructional materials. Participation by the faculty on the DH Network and Quality Matters training is voluntary. Materials created for the Network’s “E-Academy” review universal design principles.

Measurement: Annual report of the number of faculty participating in QM workshops and E-Academy using the QM rubric. Annual report listing the courses revised based on QM standard and approved by University Curriculum Committee. Criteria #8 on the Quality Matters rubric is related to accessibility and is used to measure success.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2007.

Academic Year 2014-2015: The status level reported was initiated and started in 2007.
Success Indicator 6.3. Removed.

Success Indicator 6.4. Campus has established a process to allow for the review of the accessibility of online courses before posting. [Measurement]
Process: The DH Network enables faculty to solicit consultation and peer review. Accessibility is one of the eight criteria considered. If the DH Network were to become more active in this area, more training and support would be required.
Measurement: Each department chair will review materials to be posted for courses in alternative modes of instruction. If materials are not compliant the instructor will be referred to FDC or IT for assistance in redesign of materials.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 6.5. Campus has established a process for faculty and/or instructional staff to incorporate accessibility at time of course redesign. [Measurement]*
Process: This success indicator is achieved through Quality Matters training where faculty learn about issues and guidelines towards accessibility related to instructional materials.
Measurement: As this is a new success indicator this year, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 6.6. Campus has established a process to track courses that have been reviewed/revised for accessibility support. [Measurement]*
Process: This success indicator is achieved through the DH Network which tracks the faculty who have participated in the E-Academy and/or QM training.
Measurement: Fall 2014 Senate discussion and draft of resolution, Spring 2015 policy established and curriculum revision for Fall 2015 submissions.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

*Success Indicators 6.5/6.6 only address the existence of processes that support incorporating accessibility into the course design process (6.5) and tracking the courses for which this has occurred (6.6). They are not prescriptive regarding the implementation details (e.g., timing, frequency, or scope of these activities) as these should be determined by the campus.

Goal 7. The campus has implemented policies and procedures to support faculty in selecting, authoring, and delivering accessible instructional materials.
Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicator 7.7.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 7.1, 7.3, 7.8, 7.9, and 7.10.
Key Plans for Academic Year 2014-2015

- Success Indicator 7.1. Academic Senate EPC 14-12 Ensuring Consistency Across Instructional Modalities and Location Approved on November 5, 2014.
- Success Indicator 7.3. New campus policy drafted Academic Affairs (Ensuring Consistency Across Instructional Modalities and Location) March 2015.
- Success Indicator 7.5. Revision of forms for Curriculum Review Process to document compliance with the Americans with Disabilities Act and Chancellor’s Office policies on accessibility for educational materials in effect at the time of instruction.
- Success Indicator 7.7. Faculty Development workshops based on Quality Matters standards for course design that incorporate DS guidelines.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 7.1. The forms were revised per the given policy.
- Success Indicator 7.3. This has been complete by using the current academic policy.
- Success Indicator 7.5. The forms are posted on the website and used for reviews.
- Success Indicator 7.7. The events are published on the FDC events calendar.

Key Plans for Academic Year 2015-2016

- Success Indicator 7.1. E-Academy participants to increase by 10% total number of faculty applying QM rubric.
- Success Indicator 7.3. Fall notification to all programs going through program review of new standards related to DS guidelines.
- Success Indicator 7.8. All program review reports by departments for 2015-16 will include DS guidelines and assessment data.
- Success Indicator 7.9. DSS will survey departments regarding course materials that require audio conversion.
- Success Indicator 7.10. Faculty request library assistance with accessible reserve resources and posting for course access.

Key Plans for Academic Year 2016-2017

- Success Indicator 7.5. FDC web site posted materials, tools and instruction video for testing courses materials to be in compliance. IT conduct accessible workshops each semester to faculty new to campus.
- Success Indicator 7.7. 15% of all departments will have utilized IT and FDC information regarding tools for course design to be accessible.
- Success Indicator 7.8. ATO in consult with academic affairs council of deans will implement a recruitment plan so that each college will have their own instructional designer to support accessible initiative. Each instructional designer will have work study support for academic credit internships/service learning.
- Success Indicator 7.9. DSS, IT and library will identify tools and notify colleges each fall term to communicate new resources for converting digital copies of course materials to alternative media. FDC will host showcase of faculty using these new tools each spring.
- Success Indicator 7.10. ATI Steering Committee will review current process and revise given assessment.
Success Indicator 7.1. Campus has formally documented (through Policy, Resolution or Procedure) the nature of faculty responsibility for selecting and authoring accessible curricular materials. [Commitment]

Process: EPC 14-12: Ensuring Consistency across Instructional Modalities, passed on November 5, 2014, requires that “all online materials created for use in instruction shall comply with the Americans with Disabilities Act (1990), Section 504 of the Rehabilitation Act of 1973, and Chancellor’s Office policies on accessibility for online education.” It also requires faculty to ensure that all instructional materials, including those prepared by faculty, be in accessible formats and charges the campus with providing “technical support and faculty development to ensure accessibility requirements are met.”

Measurement: New campus policy drafted Academic Affairs (Ensuring Consistency Across Instructional Modalities and Location), March 2015

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 7.2. Removed.

Success Indicator 7.3. Campus has developed and disseminated examples of accessible curricular materials and practices (e.g., accessible syllabus template, faculty exemplars). [Ability]

Process: We have created Master Course Websites that contain examples of accessible syllabi and accessible course documents. Also, through Quality Matters training, faculty learn about issues and guidelines towards accessibility related to instructional materials.

Measurement: We measure this success indicator by the quantity of faculty using our master course websites as a template.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 7.4. Removed.

Success Indicator 7.5. Campus has established a procedure and provided associated tools to allow faculty and/or instructional staff to verify the accessibility of curricular content. [Ability]

Process: Our campus has an Enterprise Agreement for Adobe products including Acrobat Pro which is available to all faculty and offers accessibility checking build in so they can verify ATI compliance for their online documents.

Measurement: We measure our success by the quantity of course material submitted that we do not receive complaints about regarding accessibility and how effectively any complaints are resolved.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.
**Success Indicator 7.6.** Removed.

**Success Indicator 7.7.** Campus provides access to technology to support faculty creation of accessible instructional materials (e.g., workstations, software, scanners). [Ability]

**Process:** All faculty have been issued technology such as desktops and/or laptops either to them individually or shared to aid in the creation of accessible instructional materials. We also have workstations and scanners in the Academic Technology, Faculty Development Center areas, and the Library for use by faculty. Finally, our campus has an Enterprise Agreement for Adobe products including Acrobat Pro which is available to all faculty and offers accessibility checking build in so they can verify ATI compliance for their online documents.

**Measurement:** We measure our success by the quantity of course material submitted that we do not receive complaints about regarding accessibility and how effectively any complaints are resolved.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

**Success Indicator 7.8.** Campus provides personnel resources (e.g., instructional designers, lab technicians, and student assistants) necessary to support faculty creation of accessible instructional materials. [Ability]

**Process:** The Division of Information Technology’s Academic Technology staff and student assistants are dedicated to supporting faculty in all manners of creating accessible instructional material.

**Measurement:** We measure our success by the quantity of faculty served and their level of satisfaction.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

**Success Indicator 7.9.** Campus has established a process to provide digital copies of course readers to alternate media production staff upon request. [Ability]**

**Process:** Campus does not have a process to provide digital copies of course readers to DSS alternate media production staff. DSS receives the course readers in print form and converts to digital for alternate media production purposes. All course readers should be subject to an established campus process. This is an ongoing process that will be addressed by DSS and IT along with the ATI Steering Committee.

In the Library, 40% of our books are eBooks; 99.7% of our journals are eJournals. The Library has equipment and software to convert print, PDF, webpages, documents, etc. formats to audio format immediately upon request. Assistance is available at the Library Information Desk.

**Measurement:** In the Library, we make sure that services are in place with the equipment working properly. The Library’s future plan is to increase user licensing of current software. This is an ongoing process that will be addressed by DSS and IT along with the ATI Steering Committee.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.
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**Success Indicator 7.10.** Campus has established a process to provide digital copies of library electronic reserves to alternate media production staff upon request. [Ability]**

**Process:** The Library has an e-Reserves system and an e-book database that provide digital copies of course readings, and these digital copies are accessible anywhere and anytime through the Library’s website. The Library also provides equipment and software to help convert digital documents to audio format upon request.

**Measurement:** The Library will continue to offer and maintain the software and equipment in good working condition and to provide 24/7 access to this content.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

**The intent of Success Indicators 7.9 and 7.10 is to eliminate the redundant digitization of instructional materials by alternate media staff by capturing a digital copy of paper-based source materials including course readers (7.9) and library electronic reserves material (7.10) at the time they’re produced. This eliminates the need for alternate media staff to re-scan/digitize this material.**

**Goal 8.** The campus has implemented a broad-based ATI awareness campaign, supported by a comprehensive training infrastructure to increase technological accessibility across the campus.

Academic Year 2013-2014: The status level reported was established.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 8.7, 8.8, 8.9, 8.10, and 8.11.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 8.7. FDC hosted several workshops to make faculty and department chairs aware of tools, equipment and resources.
- Success Indicator 8.8. FDC website with tools and examples of best practice for faculty reference.
- Success Indicator 8.9. FDC will host workshops in which peer-to-peer sharing by faculty of how they address these issues in courses.
- Success Indicator 8.10. FDC will have a unique track of workshops for this topic.
- Success Indicator 8.11. FDC will provide new faculty with information, services and tools available to support student success in this area. All Faculty information Fairs associated with new faculty orientation will include this information.

**Key Accomplishments for Academic Year 2014-2015**

- Success Indicator 8.7. The FDC events calendar is published for all to see each semester.
- Success Indicator 8.8. The FDC events calendar is published for all to see each semester.
- Success Indicator 8.9. There are videos and materials available on the FDC website.
- Success Indicator 8.10. This has been completed via the Fall 2015 conference track and workshops.
- Success Indicator 8.11. This is completed during the annual New Faculty Orientation.
Key Plans for Academic Year 2015-2016

- Success Indicator 8.7. Participants of FDC workshops will present in departments and act as college consultants for faculty with questions.
- Success Indicator 8.8. Participants of FDC workshops will present in departments and act as college consultants for faculty with questions.
- Success Indicator 8.9. Faculty videos of using new equipment, tools and materials will be available on FDC web site.
- Success Indicator 8.10. FDC will have a unique track of workshops for this topic.
- Success Indicator 8.11. FDC will provide new faculty with information, services and tools available to support student success in this area. All Faculty information Fairs associated with new faculty orientation will include this information.

Key Plans for Academic Year 2016-2017

- Success Indicator 8.7. Participants of FDC workshops will present in departments and act as college consultants for faculty with questions. Fall survey of faculty regarding understanding of issues and revise FDC workshop and video given this survey information.
- Success Indicator 8.8. Participants of FDC workshops will present in departments and act as college consultants for faculty with questions.
- Success Indicator 8.9. Faculty videos of using new equipment, tools and materials will be available on FDC web site.
- Success Indicator 8.10. FDC will have a unique track of workshops for this topic.
- Success Indicator 8.11. FDC will provide new faculty with information, services and tools available to support student success in this area. All Faculty information Fairs associated with new faculty orientation will include this information.

**Success Indicator 8.1.** Campus has developed a formal awareness campaign to increase knowledge of accessibility issues and responsibilities. [Commitment]

*Process:* The Division of Information Technology’s Academic Technology and Faculty Development Center areas conduct ATI training during the beginning of each semester. The Library also provides training on the use of the Library specific ATI equipment.

*Measurement:* We measure our success by evaluating the level of understanding by those trained and the quantity of questions received by them throughout the semester.

**Annual Reports:**

- Academic Year 2013-2014: The status level reported was established and started in 2007.
- Academic Year 2014-2015: The status level reported was established and started in 2007.

**Success Indicator 8.2.** Removed.

**Success Indicator 8.3.** Campus has developed and disseminated a variety of training materials, both in content and modality (e.g., quick use guides, workshops, FAQ), for selecting, authoring, procuring, and distributing accessible instructional materials. [Ability]

*Process:* We have posted tutorials on our campus LMS and on our campus website. In the Library, we have also developed user guides/instructions on the use of Library specific equipment to convert materials to accessible contents.
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**Measurement:** We measure our success by evaluating the level of understanding by those trained and the quantity of questions received by them throughout the semester.

**Annual Reports:** Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.

**Success Indicator 8.4.** Removed.

**Success Indicator 8.5.** Campus is tracking participation in training activities and usage of training materials for accessible authoring, conversion, and delivery of curricular materials (e.g., number of workshop attendees, number of users who download templates, or watch training videos). [Measurement]

**Process:** The Division of Information Technology’s Academic Technology and Faculty Development Center staff track faculty technology training sessions.

**Measurement:** We measure our success by evaluating the level of understanding by those trained and the quantity of questions received by them throughout the semester.

**Annual Reports:** Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.

**Success Indicator 8.6.** Removed.

**Success Indicator 8.7.** Campus provides personnel necessary to support the awareness campaign. [Ability]

**Process:** The Faculty Development Center staff provide awareness through Quality Matters training.

**Measurement:** We measure our success by evaluating the level of understanding by those trained and the quantity of questions received by them throughout the semester.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

**Success Indicator 8.8.** Campus provides resources necessary to support the development of awareness campaign. [Ability]

**Process:** The Division of Information Technology’s Academic Technology staff and the Faculty Development Center staff provide consultation and resources necessary to facilitate the awareness campaign.

**Measurement:** Track number of participants attending FDC workshops. Data will be presented to Academic Affair Council of deans to be used for outreach to departments who are not involved. Increase college participation by 10% each year.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.
Success Indicator 8.9. Campus provides personnel necessary to support the training activities. [Ability]

Process: The Division of Information Technology's Academic Technology staff and the Faculty Development Center staff are dedicated to supporting accessibility training activities. In the Library, we also designate a staff necessary to support the Library specific training activities.

Measurement: Appointment of faculty member to serve as liaison for this area conducting workshops.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

Success Indicator 8.10. Campus provides resources necessary to support the development and delivery of training activities. [Ability]

Process: The Division of Information Technology's Academic Technology staff and the Faculty Development Center staff are dedicated to developing and delivering accessibility training activities.

Measurement: Year-end report by FDC documents number of training activities, participants per college and total participants in relation to total faculty population.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was established and started in 2014.

Success Indicator 8.11. Campus has integrated accessibility into faculty orientations [Measurement]

Process: The Quality Matters Rubric is presented to faculty as a tool for guiding sound course design. Criteria #8 relates to accessibility.

Measurement: Year-end report by FDC documents course design model applied to orientation training Fall and Spring for faculty. Other activities include: DH Network faculty consultations with peers, E-Academy training for course redesign and webinars.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

Goal 9. Campus IMAP committee has sufficient breadth, resources, and authority to effectively implement a comprehensive IMAP initiative.

Academic Year 2013-2014: The status level reported was established.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 9.1 and 9.2.

Key Plans for Academic Year 2014-2015

- Success Indicator 9.1. Committee membership is representative sample of each area involved in these activities across the campus.
- Success Indicator 9.2. ATI Steering Committee draft the initial process for plan review and establish five-year time table with milestones.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 9.1. This is completed via an annual review discussion among the parties.
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- Success Indicator 9.2. The milestones and timetable still need established.

Key Plans for Academic Year 2015-2016
- Success Indicator 9.1. Retreat of ATI Steering Committee to educate all member regarding the areas of service and activities related to these initiatives.
- Success Indicator 9.2. Implement the process related to services, assessment and outcomes for each year. Communicate to campus the purpose and activities associated with this initiative and plan.

Key Plans for Academic Year 2016-2017
- Success Indicator 9.1. Review constituency members regarding effectiveness of team work. Adjust membership given contributions and campus need.
- Success Indicator 9.2. Review outcomes from assessment activities and revise plan activities.

Success Indicator 9.1. Campus Instructional Materials Accessibility Plan (IMAP) committee membership consists of stakeholders from all key units (Student Affairs, Academic Senate, Curriculum Committee, Academic Technology, Library, etc.) as well as faculty, staff, and students. [Commitment]
Process: The IMAP committee members are comprised of the ATI Steering Committee members and the ATI Support Teams which include member from key units as well as faculty, staff, and students.
Measurement: This is measured by the variety of key units represented in the ATI Steering Committee membership.

Annual Reports:
- Academic Year 2013-2014: The status level reported was managed and started in 2007.
- Academic Year 2014-2015: The status level reported was established and started in 2007.

Success Indicator 9.2. Campus has established a process to review and revise the campus ATI Instructional Materials plan on an annual basis. [Measurement]
Process: The ATI Steering Committee Members review all the ATI plans annually.
Measurement: This is measured by documented meeting agendas and any changes are made and indicated by new effective dates.

Annual Reports:
- Academic Year 2013-2014: The status level reported was established and started in 2007.
- Academic Year 2014-2015: The status level reported was established and started in 2007.

ATI Electronic and Information Technology (E&IT) Procurement Plan

Goal 1. An ATI Electronic and Information Technology E&IT Procurement Plan, documents, forms, and other materials to support 508 procurements at the campus are created and published.
Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicators 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, and 1.8.
Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 1.1, 1.4, 1.6, 1.7, and 1.8.

Key Plans for Academic Year 2014-2015
- Success Indicator 1.1. Complete, publish and post ATI Procurement Plan after it has been approved by ATI Committee.
- Success Indicator 1.2. Train and educate campus on how to use E&IT checklist.
- Success Indicator 1.3. Train and educate campus on how purchase E&IT products/service using checklist.
- Success Indicator 1.4. We will continue to use current process.
- Success Indicator 1.5. Review process and ensure that all buyers are following ATI guidelines for competitive bids requiring evaluation of Section 508.

Key Accomplishments for Academic Year 2014-2015
- Success Indicator 1.1. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 1.2. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 1.3. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 1.4. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 1.5. Still in progress; due to staffing issues – currently have 3 vacant positions.

Key Plans for Academic Year 2015-2016
- Success Indicator 1.1. Review and update plan with any changes made during academic year.
- Success Indicator 1.4. No plan to work on this academic year.
- Success Indicator 1.6. Review and ensure a process that all buyers are using to determine if competitive bids require evaluation of Section 508.
- Success Indicator 1.7. Train and educate campus on how to purchase E&IT products when using P-card.
- Success Indicator 1.8. Review and revise process of verifying VPATs.

Key Plans for Academic Year 2016-2017
- Success Indicator 1.2. Review and revise checklist for any updates made by chancellor’s office. We will inform campus of any changes made.
- Success Indicator 1.3. Review and revise checklist for any updates made by chancellor’s office. We will inform campus of any changes made.
- Success Indicator 1.4. We will review and revise documented process with any changes that have been made to the evaluation of Section 508.
- Success Indicator 1.5. Discuss and review process with all buyers in case of any changes made by Chancellor’s office. Have a roundtable to refresh their memories of the process.
- Success Indicator 1.7. Review and revise E&IT P-Card purchases with accounting. We will verify with Accounting if users are following E&IT guidelines and test samples of P-card audited transactions to measure our success.
Success Indicator 1.1. Developed and published an Accessible ATI E&IT Procurement Plan.

Process: We are currently in the process of developing and publishing an Accessible ATI E&IT Procurement Plan, which will emulate the new processes being piloted through the Chancellor’s Office Procurement website.

Measurement: We will measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.2. Developed and published a document that defines what products are categorized as Section 508 E&IT procurements.

Process: We are developing a more elaborate list of examples of products that are categorized as Section 508 E&IT procurements. Meanwhile, we refer users to the Chancellor’s Office Sample E&IT Procurement Checklist, which may be found at http://calstate.edu/Accessibility/EIT_Procurement/APPENDIX.F.procurement_checklist.xls (See Appendix C.)

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.3. Developed a procedure for procuring E&IT products based on the product/service impact criteria.

Process: We refer users to the Chancellor’s Office E&IT Procurement Checklist, which may be found at http://teachingcommons.cdli.edu/access/procurement_process/documents/PrePurchaseInformationDocumentTemplatev3.docx (See Appendix D.)

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.4. Developed a documented process to determine the level/complexity of 508 evaluation that will be required for new procurements and/or renewals.

Process: New procurements will begin with the request to purchase such equipment. The request will come from the Purchase Requestor and the level of complexity is described in their responsibilities below. We follow the Roles and Responsibilities listed on the Chancellor’s Office Procurement website, which list the Purchase Requestor’s responsibilities as:
The Purchase Requester is defined as someone who requests the product/service to be purchased or developed and is responsible for the following:

1. Selects the most accessible E&IT product/service that meets their functional requirements
   a. Completes the appropriate sections of the Accessible E&IT Pre-Purchase document including the technical and functional requirements and market research for the product/service
   b. Obtains Vendor-provided accessibility conformance documents (e.g. VPAT). Note: In the event of a formal bid, these documents may be delivered to the Procurement office.
   c. Submits the Accessible E&IT Pre-Purchase document to campus reviewer (e.g. ATI Designee or other designee) for approval
   d. In rare circumstances where exceptions are allowed, follows the exceptions process

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.5. Developed a process for all competitive bid procurements that require an evaluation of Section 508 compliance.

Process: Competitive bid processes are coordinated by the Procurement Buyers. We follow the Roles and Responsibilities listed on the Chancellor’s Office Procurement website, which list the Procurement Buyer’s responsibilities as follows:

The Procurement Buyer is defined as someone who is responsible for the verifying that ATI documents accompanying the purchase are complete and include all necessary approvals as defined below:

1. Reviews purchases of E&IT products or services to ensure all ATI procurement requirements have been met
   a. Reviews requisitions to determine if requested product or services is considered E&IT. If the requisition includes item(s) that are E&IT, ensures that all required accessibility compliance documentation is submitted with the purchase requisition including:
      i. The Accessible E&IT Pre-Purchase form for review by the ATI Designee (or other designee)
      ii. Vendor-provided accessibility documentation (e.g. VPATs, Accessibility Roadmap)
      iii. Initial Equally Effective Alternate Access Plan (EEAAP) form (See Appendix E.)
      iv. In rare circumstances where exceptions are allowed, an exception request form
   b. Includes accessibility during competitive bid process:
      i. Incorporates accessibility submission requirements in bid offers
      ii. Ensures that Vendor bids meet all accessibility submission requirements
      iii. Coordinates with ATI Designee (or other designee) to review the submitted documents
      iv. Incorporates all accessibility requirements recommended by ATI Designee (or other designee) in final contract language (e.g. Accessibility Roadmap)
2. Completes all authorized purchases of E&IT products and services
   a. Verifies that ATI Designee (or other designee) has reviewed and approved the requested E&IT purchase
   b. Verifies that the EEAAP Committee has drafted an EEAAP for high-impact products or services
   c. In rare circumstances where exceptions are allowed, this exception is documented on the exception form and an EEAAP is drafted for high-impact products and services

3. Maintains records and documentation of procured E&IT products/services
   a. Ensures inclusion of accessibility compliance documentation in the procurement file

4. Upon request, in coordination with the ATI Designee and the requesting department(s), establishes contracts with third-party consultants to perform accessibility conformance testing

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2010.

Academic Year 2014-2015: The status level reported was established and started in 2010.

Success Indicator 1.6. Developed a process for all non-competitive bid procurements that require an evaluation of Section 508 compliance.

Process: Non-competitive bids are handled much like competitive bid being coordinated by the Procurement Buyer. We follow the Roles and Responsibilities listed on the Chancellor’s Office Procurement website, which list the Procurement Buyer’s responsibilities as follows:

The Procurement Buyer is defined as someone who is responsible for the verifying that ATI documents accompanying the purchase are complete and include all necessary approvals as defined below:

1. Reviews purchases of E&IT products or services to ensure all ATI procurement requirements have been met
   a. Reviews requisitions to determine if requested product or services is considered E&IT. If the request includes item(s) that are E&IT, ensures that all required accessibility compliance documentation is submitted with the purchase requisition including:
      i. The Accessible E&IT Pre-Purchase form for review by the ATI Designee (or other designee)
      ii. Vendor-provided accessibility documentation (e.g. VPATs, Accessibility Roadmap)
      iii. Initial Equally Effective Alternate Access Plan (EEAAP) form (See Appendix E.)
      iv. In rare circumstances where exceptions are allowed, an exception request form
   b. Includes accessibility during competitive bid process:
      i. Incorporates accessibility submission requirements in bid offers
      ii. Ensures that Vendor bids meet all accessibility submission requirements
      iii. Coordinates with ATI Designee (or other designee) to review the submitted documents
      iv. Incorporates all accessibility requirements recommended by ATI Designee (or other designee) in final contract language (e.g. Accessibility Roadmap)

2. Completes all authorized purchases of E&IT products and services
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a. Verifies that ATI Designee (or other designee) has reviewed and approved the requested E&IT purchase
b. Verifies that the EEAAP Committee has drafted an EEAAP for high-impact products or services
c. In rare circumstances where exceptions are allowed, this exception is documented on the exception form and an EEAAP is drafted for high-impact products and services

3. Maintains records and documentation of procured E&IT products/services
   a. Ensures inclusion of accessibility compliance documentation in the procurement file
   b. Upon request, in coordination with the ATI Designee and the requesting department(s), establishes contracts with third-party consultants to perform accessibility conformance testing

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.7. Developed a process for all purchase card purchases that require an evaluation of Section 508 compliance.

- What are we doing?
- Are we following best practices? If not, what should we be doing? (Add to Key Plans above)
- How are we measuring success? What is our annual goal?

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.8. Documented a process used to verify Voluntary Product Accessibility Templates (VPATs).

Process: We have all employees who might work with Section 508 and VPAT issues watch the “Understanding Section 508 and the Voluntary Product Accessibility Template” training found at: http://teachingcommons.cdl.edu/access/tech/TobiasVPATs.shtml

When evaluating a VPAT, there are several things that should be considered. Some examples of common areas that can cause the need to obtain clarification from the vendor or may indicate accessibility gaps are:

Metadata Included?
- Is the product name present?
- Is the vendor name present?
- Is contact info (name, email, and phone) provided for the person/group that completed the VPAT?

Up-To-Date?
- Is the completion date present?
Is the product version number present (if applicable)?

Complete?
Is a table provided that summarizes the compliance status for all applicable Technical, Functional, and Documentation sections?

Based on the type of product and its functionality, are all appropriate sub-sections completed?
- Example: if a web application includes compiled code (e.g. Flash, Java, Shockwave), is the application sub-section (1194.21) completed?
- Example: if software (desktop, mobile, web) or websites include video content, is the multimedia sub-section (1194.24) completed?

Descriptive?
When a status level of ‘Supports’ is chosen, is there a description of how that support is implemented?

When a status level of ‘Supports with Exception’ is chosen, is there a description of the specific exceptions?

Lack of Specificity
Do any criteria have comments that don’t (or don’t adequately) describe the nature of support provided?
- “Some components provide accessibility info including name, role, and value to AT” [1194.22(n)]
- “Form fields are usable by assistive technology” vs. “Form fields have explicit text labels” [1194.21(l)]
- “The website supports the browser’s zoom function” vs. “The website supports font sizes up to 200%” [1194.31(b)]

Lack of Understanding
Do any criteria have status levels or comments that suggest the vendor may not understand what is covered?
- “The browser is responsible for rendering text” [1194.21(f)].
- “If the user does not have the necessary Flash plug-in, the browser automatically provides a link to the download page” [1194.22(m)]

Discrepancies/Contradictions
Are there any criteria with status levels and descriptions that contradict one-another?

Status level is “Supports” but the comments describes several exceptions.

Do any comments within the Technical sub-section contradict one-another?

The first comment states “Screen readers are supported” but later comments state “Voiceover support is planned.”

Do the status levels and comments in the functional criteria section (1194.31) contradict the status levels and comments in the related technical criteria sections (1194.21/22)?
Technical criteria that relate to blindness (e.g. 1194.21(a)) have status levels of “Supports with Exceptions;” however, the Functional criterion for blindness (1194.31(a) has a status level of “Supports.”

**“Not Applicable” Status**

Do any criteria that do apply to the product have status levels and/or comments that claim they don’t apply?

- Status level is “Not Applicable” and comments state “Skip navigation links are not required” [1194.22(a)]
- A VPAT for a modern website with rich functionality claims “No scripting languages are used”[1194.22(l)]

Do any criteria that don’t apply to the product (per comments) have status levels and/or comments that claim they do apply?

- Status level is “Supports” but the comments state: “No text-only version is provided” [1194.22(k)].
- Common examples in Software section (1194.21): animation (h) and color/contrast adjustments (i).
- Common examples in Web section (1194.22): multimedia (b), server/client maps (e/f), text-only pages (k), and timed responses (p).

**Display “Modes”**

Are there references to different display modes (e.g. Standard, Text-Only, or Accessible)?

- If so, is the accessibility status of all display modes addressed throughout the document? Some vendors try to describe only the most accessible display mode which doesn’t reflect the typical user experience.

**Measurement:** We measure our success by continually evaluating the process and the level of understanding of the requirements.

**Annual Reports:**

- Academic Year 2013-2014: The status level reported was initiated and started in 2009.

- Academic Year 2014-2015: The status level reported was initiated and started in 2009.

**Goal 2.** ATI procurement team is fully staffed with clearly defined roles for processing E&IT procurements.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicators 2.1, 2.2, and 2.3.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 2.1, 2.2, and 2.3.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 2.1. Continue to educate procurement staff on all processes, forms and discussions about procuring ATI goods as new information becomes available.
- Success Indicator 2.2. Continue to introduce campus and vendors to ATI contact person for campus.
Success Indicator 2.3. Review and revise documents that contain the Roles and Responsibilities from Chancellor’s Office Procurement website.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 2.1. No change; still in progress.
- Success Indicator 2.2. No change; still in progress.
- Success Indicator 2.3. No change; still in progress.

Key Plans for Academic Year 2015-2016

- Success Indicator 2.1. Continue to educate procurement staff on all processes, forms and discussions about procuring ATI goods as new information becomes available.
- Success Indicator 2.2. Continue to introduce campus and vendors to ATI contact person for campus.
- Success Indicator 2.3. Review and revise documents that contain the Roles and Responsibilities from Chancellor’s Office Procurement website.

Key Plans for Academic Year 2016-2017

- Success Indicator 2.1. Continue to educate procurement staff on all processes, forms and discussions about procuring ATI goods as new information becomes available.
- Success Indicator 2.2. Continue to introduce campus and vendors to ATI contact person for campus.
- Success Indicator 2.3. Review and revise documents that contain the Roles and Responsibilities from Chancellor’s Office Procurement website.

Success Indicator 2.1. Established a group that meets on a regular basis to discuss accessible procurement topics.

Process: We discuss accessibility related procurement topics regularly in our bi-weekly Procurement staff meetings. We recommend and attend training as needed.

Measurement: We measure our success by continually evaluating the processes and the level of understanding by both users and staff.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 2.2. Identified contact person(s) and process for vendors, purchase requestors, and staff to ask questions about procurements.

Process: The contact person who all procurement questions are referred to is Adelbert Baylis, Contracts Specialist III.

Measurement: We measure our success through communication by users as to whether their question was sufficiently answered.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.
Success Indicator 2.3. Documented in writing who is responsible for each component of the accessible procurement process (e.g., Who does the purchase request? Who interacts with the E&IT product/service provider on accessibility questions? Who does the accessibility evaluation of the product?).

Process: We follow the Roles and Responsibilities listed on the Chancellor’s Office Procurement website, which are shown below:

**ATI Designee or Other Designee(s)**
The responsibilities listed below may be assigned to one person (e.g. ATI Coordinator) or shared across multiple positions on campus.

1. Ensures consistent implementation of accessible Electronic and Information Technology (E&IT) procurement procedures that conform with Federal and State laws as well as CSU policy mandates
   a. Consults with buyers to develop accessibility language that will be incorporated into bids and final contracts
   b. Completes appropriate campus documentation for the ATI portions of E&IT purchases while ensuring that all ATI-related documents have the required approvals and are readily available for campus personnel involved in EEAAP implementations
   c. Attends regularly-scheduled ATI meetings with campus stakeholders (e.g. ATI Steering Committee, campus working groups, ATI Procurement Community of Practice)

2. Oversees review of E&IT accessibility compliance documentation for regular purchases and competitive bid procurements (e.g. RFPs, RFIs, and RFQs)
   a. Evaluates Vendor-provided accessibility conformance documentation (e.g. VPAT, Accessibility Roadmap)
   b. Reviews Accessible E&IT Pre-Purchase form submitted by Purchase Requester

3. Develops campus strategy for selecting E&IT products/services that will be evaluated for conformance with accessibility standards
   a. Selects products/services that require accessibility conformance testing based on impact criteria
   b. As needed, arranges for accessibility conformance testing to validate Vendor accessibility claims

4. Coordinates with E&IT vendors to resolve issues with product accessibility support or accessibility documentation
   a. Provides feedback to Vendor, as needed, regarding issues with accessibility documentation or product accessibility support

5. Participates as a member of the EEAAP Committee in the preparation of Equally Effective Alternate Access Plans and in the evaluation of exemption requests
   a. Coordinates the development of Equally Effective Alternative Access Plans that will achieve accessibility for students, employees and members of the public

6. Serves as the identified campus contact for staff, faculty, students, and Vendors regarding accessible E&IT procurement
   a. Answers questions related to purchasing accessible products

7. In consultation with the ATI Steering Committee, coordinates the delivery of accessible E&IT procurement training programs for the campus community (e.g. buyers, faculty, and staff)
   a. Oversees the initial development and ongoing provision and coordination of accessible E&IT procurement training programs for the campus community (e.g. buyers, faculty, and staff) including participant tracking
8. Coordinates campus communications regarding accessible Procurement Procedures (e.g. awareness campaign)
   a. Coordinates the campus roll-out of a broad-based awareness campaign regarding accessible E&IT procurement procedures.
9. Acts as liaison with the Executive Sponsor and campus community regarding accessible E&IT procurement issues
   a. Discusses accessible E&IT procurement issues with campus Executive Sponsor and ATI Steering Committee as needed

**Purchase Requester**
This ATI role describes the person who requests the product/service to be purchased or developed.
*The completion of paperwork to order this product or service is generally completed by Administrative Support Staff (see next section).
1. Selects the most accessible E&IT product/service that meets their functional requirements
   a. Completes the appropriate sections of the Accessible E&IT Pre-Purchase document (campus-specific) including the technical and functional requirements and market research for the product/service
   b. Obtains Vendor-provided accessibility conformance documents (e.g. VPAT). Note: In the event of a formal bid, these documents may be delivered to the Procurement office.
   c. Submits the Accessible E&IT Pre-Purchase document to campus reviewer (e.g. ATI Designee or other designee) for approval
   d. In rare circumstances where exceptions are allowed, follows the campus-specific exceptions process
2. Serve as member of EEAAP Committee
   a. Coordinates with EEAAP Committee to draft an EEAAP document

**Administrative Support Staff**
This ATI role is responsible for completing and processing all appropriate forms and documentation for requester and coordinating with ATI Designee, Disability Service Office, and office of Procurement to complete the accessibility review.
1. Assists purchase requestor with completing the required request forms and processes to purchase E&IT products and services
   a. Works with Purchase Requestor to complete required accessible E&IT procurement documentation including:
      i. The Accessible E&IT Pre-Purchase form (campus-specific) for review by ATI Designee (or other designee)
      ii. Vendor-provided accessibility documentation (e.g. VPATs, Accessibility Roadmap)
      iii. In rare circumstances where exceptions are allowed, an exception request form (campus-specific)
2. On behalf of Purchase Requestor, submits the documentation listed above to campus reviewer (e.g. ATI Designee or other designee) for approval
3. May be responsible for maintaining department copies of EEAAP documents for approved purchases

**Buyer (Procurement Department)**
This ATI role is responsible for verifying that ATI documents accompanying the purchase are complete and include all necessary approvals.

1. Reviews purchases of E&IT products or services to ensure all ATI procurement requirements have been met
   a. Reviews requisitions to determine if requested product or services is considered E&IT. If the requisition includes item(s) that are E&IT, ensures that all required accessibility compliance documentation is submitted with the purchase requisition including:
      i. The Accessible E&IT Pre-Purchase form (campus-specific) for review by ATI Designee (or other designee)
      ii. Vendor-provided accessibility documentation (e.g. VPATs, Accessibility Roadmap)
      iii. Initial EEAAP form
      iv. In rare circumstances where exceptions are allowed, an exception request form (campus-specific)
   b. Includes accessibility during competitive bid process:
      i. Incorporates accessibility submission requirements in bid offers
      ii. Ensures that Vendor bids meet all accessibility submission requirements
      iii. Coordinates with ATI Designee (or other designee) to review the submitted documents
      iv. Incorporates all accessibility requirements recommended by ATI Designee (or other designee) in final contract language (e.g. Accessibility Roadmap)

2. Completes all authorized purchases of E&IT products and services
   a. Verifies that ATI Designee (or other designee) has reviewed and approved the requested E&IT purchase
   b. Verifies that the EEAAP Committee has drafted an EEAAP for high-impact products or services
   c. In rare circumstances where exceptions are allowed, this exception is documented on the campus-specific exception form and an EEAAP is drafted for high-impact products and services

3. Maintains records and documentation of procured E&IT products/services
   a. Ensures inclusion of accessibility compliance documentation in the procurement file

4. Upon request, in coordination with the ATI Designee and the requesting department(s), establishes contracts with third-party consultants to perform accessibility conformance testing

Vendor
An E&IT provider of goods/services sells or develops the product/service for a campus or campuses within the California State University system.

1. Works with the CSU system to provide documentation regarding product/service accessibility.
   a. Provides 508 conformance documentation (e.g. VPAT, testing results and Accessibility Roadmap)
   b. Specifies an accessibility contact person in the 508 conformance documentation

2. Works with the CSU system to mitigate accessibility issues/concerns in the products/services that they are providing
   a. Keeps CSU apprised of work on incorporation of accessibility standards into product or services
b. Provides sample of product or services for testing or demonstration of Section 508 conformance

Information Technology Staff
IT staff provide technical expertise and assistance with the purchase and deployment of accessible technology.

1. Advises the ATI Designee or other designee, campus departments, campus requester and/or campus administrative support staff on functional and technical requirements as they relate to E&IT purchases
   a. Assists the ATI Designee with evaluating the functional and technical requirements of a purchase request and possible exceptions
   b. Assists the Campus Requester with developing functional and technical requirements
2. Advises the campus requester on evaluating Vendor Section 508 documentation for completeness and possible concerns prior to submitting it for ATI review
   a. Assists in the evaluation of market research
3. Serves as member of the EEAAP committee as needed

Disability Services Staff
Disability Services staff members provide expert guidance on accommodations and assistive technologies that provide persons with disabilities with equal access to university programs and services.

1. Provides expertise as a consultant in identifying potential issues that result from the interaction between the technology and the individual user
2. Participates in the campus ATI Steering Committee
3. Participates as a member of the EEAAP Committee in the preparation of Equally Effective Alternate Access Plans and in the evaluation of exemption requests

Executive Sponsor
This ATI role oversees campus policies, projects and implementation of the Accessible Technology Initiative. Coded Memo AA-2013-03 articulates the responsibilities.

1. Works with the campus ATI Steering Committee, to review and update the ATI Campus Plan to guide their implementation on an annual basis
   a. Conducts regular ATI Steering Committee meetings no less than twice per year
   b. Ensures that the ATI Steering Committee membership is comprised of all key stakeholder groups and includes members with appropriate experience and expertise to inform decision-making
2. Leads the implementation effort on their campus
   a. Oversees campus ATI planning process
   b. Engages in a periodic administrative review process with the ATI Steering Committee regarding challenges, milestones, resources, and documenting ongoing progress
   c. Monitors, leverages, and implements deliverables from system wide ATI activities that will advance campus efforts
   d. Ensures that ATI Steering Committee members monitor, participate in, and contribute to Community of Practice activities
   e. Channels communications from the Chancellor’s Office to appropriate parties on campus
   f. Attends Executive Sponsors Steering Committee (ESSC) monthly calls
Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Goal 3. A well-documented process has been established and is used for exemptions to E&IT procurements.
Academic Year 2013-2014: The status level reported was defined.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 3.1, 3.2, 3.3, and 3.4.

Key Plans for Academic Year 2014-2015
- Success Indicator 3.1. Continue with current process for approving exemptions.
- Success Indicator 3.2. Continue following EEAAP Guidelines on the Chancellor’s Office Procurement website.
- Success Indicator 3.3. Continue with current process.
- Success Indicator 3.4. Continue with current process.

Key Accomplishments for Academic Year 2014-2015
- Success Indicator 3.1. No change; still in progress.
- Success Indicator 3.2. No change; still in progress.
- Success Indicator 3.3. No change; still in progress.
- Success Indicator 3.4. No change; still in progress.

Key Plans for Academic Year 2015-2016
- Success Indicator 3.1. Review process with EEAAP to see if revision is needed.
- Success Indicator 3.2. Review process with EEAAP to see if revision is needed.
- Success Indicator 3.3. Review process with EEAAP to see if revision is needed.
- Success Indicator 3.4. Review process with EEAAP to see if revision is needed.

Key Plans for Academic Year 2016-2017
- Success Indicator 3.1. Update process tailored towards CSUDH E&IT Procurement Plan.
- Success Indicator 3.2. Update process tailored towards CSUDH E&IT Procurement Plan
- Success Indicator 3.3. Update process tailored towards CSUDH E&IT Procurement Plan
- Success Indicator 3.4. Update process tailored towards CSUDH E&IT Procurement Plan

Success Indicator 3.1. Established a process for approving exemptions.
Process: Exemptions are reviewed by the EEAAP Committee. If an exemption is needed and there’s not an EEAAP Committee meeting within the next week, the request will be communicated to the EEAAP Committee through email for feedback and recommended actions. Otherwise, the exemption will be dealt with at the upcoming EEAAP Committee meeting.
Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 3.2. Documented the exemption process, posted it on public website, and have communicated process to campus.

Process: If an exemption is needed, we first follow the EEAAP Guidelines on the Chancellor’s Office Procurement website, which may be found at: http://teachingcommons.cdl.edu/access/procurement_process/EEAAP.htm Through the guidance and recommendation of the EEAAP Committee, we then communicate the exemption to DSS and IT for their help in implementation.

In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (E&IT) products and services that it buys, creates, uses and maintains. When systems, software or processes do not meet requirements of Section 508, an alternative access plan must be developed to address the accessibility issue. This form is used to describe the alternate access plan. Plan approval from the [Campus executive responsible for E&IT approvals vary from campus to campus] should be required before the procurement can commence.

EEAAP Creation Guidelines

An EEAAP should be prepared for products and services that are not fully Section 508/WCAG 2.0 compliant. Refer to the ATI Prioritization Framework (Appendix F) as stated in the Coded Memo for more details regarding the prioritization process. The creation of an EEAAP is especially important for high-impact products/services including those that meet any of the following criteria:

- Product will be made available to the general public, large groups of students, faculty or staff.
- Product will be used for an important administration or class function.
- Product is a component of a class(es), or has been approved to be purchased through the exemption/exception process.
- No EEAAP is required when the product/service is fully accessible.

EEAAP Documentation Procedures

As EEAAP documentation is created, campuses should ensure that key constituent groups (e.g. Services for Students with Disabilities) are able to quickly and easily access these plans in order to (1) initiate the accommodations and workarounds outlined in the EEAAPs; (2) easily allow updating of current EEAAPs based on product improvements or when a new approach is developed; and (3) streamline the authoring of future EEAAPs.

In addition, EEAAPs should be reviewed at least once per year, usually coinciding with the renewal of the product.

There are 2 potential methods for providing access to this documentation:

- Centralized
**CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS**

- Establish and maintain a central document repository (e.g. SharePoint)
- Provide access for all EEAAP Committee members and key constituent groups (e.g. Services for Students with Disabilities)

- Distributed
  - Store the signed original EEAAP with the purchasing department
  - Distribute copies to the following departments:
    - Procurement office (filed with the requisition)
    - The ATI Specialist or Designee
    - Services for Students with Disabilities (accommodations for students)
    - Human Resources (accommodations for staff and faculty)

**Measurement:** We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

**Annual Reports: Academic Year 2013-2014:** The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 3.3.** Documented a process that ensures that supplementary accommodations can be put in place when exemptions are warranted.

**Process:** DSS provides reasonable accommodations to all students with disabilities who self-identify and complete the DSS application process. Part of the DSS application process requires verification of disability and the resulting functional limitations, as well as an orientation to DSS policy for requesting and receiving reasonable accommodations through DSS. During the DSS orientation, the student with a disability receives instructions on how and when to request services as well as how to submit any concerns or complaints regarding services. All students with disabilities who self-identify and request reasonable accommodations are tracked and monitored for successful provision of accommodations and satisfaction. Exemption approvals and recommendations are communicated by the EEAAP Committee to DSS and IT for implementation as needed.

**Measurement:** We measure success by tracking all students with disabilities who request and receive reasonable accommodations. We regularly meet with our students who receive reasonable accommodations and seek information on the success of the provided accommodation and provide adjustments as needed. We also take note of any issues, concerns, or complaints which have been addressed in reference to any student receiving reasonable accommodations. All these things are discussed in DSS staff meetings and case consultations. It is our goal to provide the best quality reasonable accommodations to all students with disabilities.

**Annual Reports:** Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

**Success Indicator 3.4.** Established a follow-up process for communicating with E&IT product/service provider and purchase requesters when a procurement is moved forward without total resolution of the accessibility status of the product.

**Process:** The Procurement Buyer is responsible for following up with the purchase requesters and the vendor to resolve any accommodation issues based on the EEAAP Committee recommendations.
Buyer (Procurement Department)

This ATI role is responsible for verifying that ATI documents accompanying the purchase are complete and include all necessary approvals.

1. Reviews purchases of E&IT products or services to ensure all ATI procurement requirements have been met
   a. Reviews requisitions to determine if requested product or services is considered E&IT. If the requisition includes item(s) that are E&IT, ensures that all required accessibility compliance documentation is submitted with the purchase requisition including:
      i. The Accessible E&IT Pre-Purchase form (campus-specific) for review by ATI Designee (or other designee)
      ii. Vendor-provided accessibility documentation (e.g. VPATs, Accessibility Roadmap)
      iii. Initial EEAAP form
      iv. In rare circumstances where exceptions are allowed, an exception request form (campus-specific)
   b. Includes accessibility during competitive bid process:
      i. Incorporates accessibility submission requirements in bid offers
      ii. Ensures that Vendor bids meet all accessibility submission requirements
      iii. Coordinates with ATI Designee (or other designee) to review the submitted documents
      iv. Incorporates all accessibility requirements recommended by ATI Designee (or other designee) in final contract language (e.g. Accessibility Roadmap)

2. Completes all authorized purchases of E&IT products and services
   a. Verifies that ATI Designee (or other designee) has reviewed and approved the requested E&IT purchase
   b. Verifies that the EEAAP Committee has drafted an EEAAP for high-impact products or services
   c. In rare circumstances where exceptions are allowed, this exception is documented on the campus-specific exception form and an EEAAP is drafted for high-impact products and services

3. Maintains records and documentation of procured E&IT products/services
   a. Ensures inclusion of accessibility compliance documentation in the procurement file

4. Upon request, in coordination with the ATI Designee and the requesting department(s), establishes contracts with third-party consultants to perform accessibility conformance testing

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Goal 4. Equally Effective Access Plans are created for E&IT products that are not fully 508 compliant.
Academic Year 2013-2014: The status level reported was defined.
California State University, Dominguez Hills

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 4.1, 4.2, 4.3, and 4.4.

Key Plans for Academic Year 2014-2015

- Success Indicator 4.1. We will continue to use current process.
- Success Indicator 4.2. We will continue to use current process.
- Success Indicator 4.3. We will continue to use current process.
- Success Indicator 4.4. We will continue to use current process.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 4.1. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 4.2. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 4.3. Still in progress; due to staffing issues – currently have 3 vacant positions.
- Success Indicator 4.4. Still in progress; due to staffing issues – currently have 3 vacant positions.

Key Plans for Academic Year 2015-2016

- Success Indicator 4.1. Review process with EEAAP to see if revision is needed.
- Success Indicator 4.2. Review process with EEAAP to see if revision is needed.
- Success Indicator 4.3. Review process with EEAAP to see if revision is needed.
- Success Indicator 4.4. Review process with EEAAP to see if revision is needed.

Key Plans for Academic Year 2016-2017

- Success Indicator 4.1. Update process tailored towards CSUDH E&IT Procurement Plan.
- Success Indicator 4.2. Update process tailored towards CSUDH E&IT Procurement Plan.
- Success Indicator 4.3. Update process tailored towards CSUDH E&IT Procurement Plan.
- Success Indicator 4.4. Update process tailored towards CSUDH E&IT Procurement Plan.

Success Indicator 4.1. Documented a process that outlines when an equally effective alternate access plan is necessary.

Process: We follow the EEAAP Guidelines on the Chancellor’s Office Procurement website, which may be found at: http://teachingcommons.cdl.edu/access/procurement_process/EEAAP.htm

In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (E&IT) products and services that it buys, creates, uses and maintains. When systems, software or processes do not meet requirements of Section 508, an alternative access plan must be developed to address the accessibility issue. This form is used to describe the alternate access plan. Plan approval from the [Campus executive responsible for E&IT approvals vary from campus to campus] should be required before the procurement can commence.

EEAAP Creation Guidelines

An EEAAP should be prepared for products and services that are not fully Section 508/WCAG 2.0 compliant. Refer to the ATI Prioritization Framework (Appendix F) as stated in the Coded Memo for more details regarding the prioritization process. The creation of an EEAAP is especially important for high-impact products/services including those that meet any of the following criteria:
Product will be made available to the general public, large groups of students, faculty or staff.
Product will be used for an important administration or class function.
Product is a component of a class(es), or has been approved to be purchased through the exemption/exception process.
No EEAAP is required when the product/service is fully accessible.

**EEAAP Documentation Procedures**

As EEAAP documentation is created, campuses should ensure that key constituent groups (e.g. Services for Students with Disabilities) are able to quickly and easily access these plans in order to (1) initiate the accommodations and workarounds outlined in the EEAAPs; (2) easily allow updating of current EEAAPs based on product improvements or when a new approach is developed; and (3) streamline the authoring of future EEAAPs.

In addition, EEAAPs should be reviewed at least once per year, usually coinciding with the renewal of the product.

There are 2 potential methods for providing access to this documentation:

- Centralized
  - Establish and maintain a central document repository (e.g. SharePoint)
  - Provide access for all EEAAP Committee members and key constituent groups (e.g. Services for Students with Disabilities)

- Distributed
  - Store the signed original EEAAP with the purchasing department
  - Distribute copies to the following departments:
    - Procurement office (filed with the requisition)
    - The ATI Specialist or Designee
    - Services for Students with Disabilities (accommodations for students)
    - Human Resources (accommodations for staff and faculty)

**Measurement:** We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

**Annual Reports:**

- Academic Year 2013-2014: The status level reported was defined and started in 2009.
- Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 4.2.** Established a process with roles assigned for all parts of creating an equally effective alternate access plan.

**Process:** We follow the EEAAP processes documented on the Chancellor’s Office Procurement website, which may be found at: [http://teachingcommons.cdlu.edu/access/procurement_process/EEAAP.htm](http://teachingcommons.cdlu.edu/access/procurement_process/EEAAP.htm)

In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (E&IT) products and services that it buys, creates, uses and maintains. When systems, software or processes do not meet requirements of Section 508, an alternative access plan must be developed to address the accessibility issue. This form is used to describe the alternate access plan. Plan approval
from the [Campus executive responsible for E&IT approvals vary from campus to campus] should be required before the procurement can commence.

**EEAAP Creation Guidelines**

An EEAAP should be prepared for products and services that are not fully Section 508/WCAG 2.0 compliant. Refer to the ATI Prioritization Framework (Appendix F) as stated in the Coded Memo for more details regarding the prioritization process. The creation of an EEAAP is especially important for high-impact products/services including those that meet any of the following criteria:

- Product will be made available to the general public, large groups of students, faculty or staff.
- Product will be used for an important administration or class function.
- Product is a component of a class(es), or has been approved to be purchased through the exemption/exception process.
- No EEAAP is required when the product/service is fully accessible.

**EEAAP Committee Membership**

An EEAAP should be created by a multi-disciplinary committee that has a clear understanding of how the product/service will be used, what accessibility features and gaps are present in the product/service, and what resources and strategies should be deployed to ensure comparable access for persons with disabilities.

**The following individuals should be part of the committee:**

- Representative from the department purchasing the product/service – this department is generally responsible for product support and often where end users will go for assistance.
- Representative from Services for Students with Disabilities – this department generally oversees the student’s accommodation plan and has specialized knowledge of disabilities to assist students with accessibility issues.
- The ATI Specialist or Designee – this person has a broad overview of the purchase and where the accessibility gaps are based on the accessibility documentation provided by the vendor.

The committee should also take into consideration the following resources/representatives:

- Campus Information Technology Consultant—provides technical expertise to the group.
- Campus Affirmative Action Officer—assists with faculty and staff accommodations.
- Dean/Manager/Supervisor — signs as administrative approval for the EEAAP. Has knowledge of resources available to support accessibility.
- Procurement Services—serves as an authoritative resource for all procurement-related activities and processes.
- Instructional Materials Specialist – provides expertise and assistance regarding the accessibility of curricular materials.
- Web Accessibility Specialist – provides expertise in web-related accessibility issues.
- Human Resources (HR) – serves as authoritative resource for faculty and staff related processes.
- ADA Compliance Officer – Assists in faculty and staff accommodations.

**EEAAP Documentation Procedures**
As EEAAP documentation is created, campuses should ensure that key constituent groups (e.g. Services for Students with Disabilities) are able to quickly and easily access these plans in order to (1) initiate the accommodations and workarounds outlined in the EEAAPs; (2) easily allow updating of current EEAAPs based on product improvements or when a new approach is developed; and (3) streamline the authoring of future EEAAPs.

In addition, EEAAPs should be reviewed at least once per year, usually coinciding with the renewal of the product.

There are 2 potential methods for providing access to this documentation:

- **Centralized**
  - Establish and maintain a central document repository (e.g. SharePoint)
  - Provide access for all EEAAP Committee members and key constituent groups (e.g. Services for Students with Disabilities)

- **Distributed**
  - Store the signed original EEAAP with the purchasing department
  - Distribute copies to the following departments:
    - Procurement office (filed with the requisition)
    - The ATI Specialist or Designee
    - Services for Students with Disabilities (accommodations for students)
    - Human Resources (accommodations for staff and faculty)

*Measurement:* We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

*Annual Reports:* Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 4.3. Established a process that tracks how many equally effective alternate access plans have been created.**

*Process:* The process is being improved upon and is being built into our ServiceNow incident tracking system. The various items that need to be tracked can easily be tracked and reported on through this system.

*Measurement:* We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

*Annual Reports:* Academic Year 2013-2014: The status level reported was initiated and started in 2011.

Academic Year 2014-2015: The status level reported was initiated and started in 2011.

**Success Indicator 4.4. Established a process to ensure that accommodations were provided.**

*Process:* This process is being improved upon and is being built into our ServiceNow incident tracking system. When incidents are closed in ServiceNow, the system sends the user an email letting them know the incident will be closed and if they believe it should remain open because it has not been completed, they can reply and request further action.
Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2011.

Academic Year 2014-2015: The status level reported was initiated and started in 2011.

Goal 5. All parties involved in E&IT procurement have been trained, and a continual training program is in place.

Academic Year 2013-2014: The status level reported was established.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 5.1, 5.2, 5.6, 5.7, and 5.8.

Key Plans for Academic Year 2014-2015
- Success Indicator 5.1. We will continue referring new employees to online training available on CSU website and giving handouts.
- Success Indicator 5.2. We will continue informing purchase requesters about the online training on CSU website and giving hand-outs to users during in-person trainings.
- Success Indicator 5.3. We will continue to use the current process for training IT staff.
- Success Indicator 5.4. We will continue to use the current process for training Buyers.
- Success Indicator 5.5. We will continue to use the current process but also incorporate into their P-Card training.

Key Accomplishments for Academic Year 2014-2015
- Success Indicator 5.1. No change; still in progress.
- Success Indicator 5.2. No change; still in progress.
- Success Indicator 5.3. No change; still in progress.
- Success Indicator 5.4. No change; still in progress.
- Success Indicator 5.5. No change; still in progress.

Key Plans for Academic Year 2015-2016
- Success Indicator 5.1. We will continue to use current process.
- Success Indicator 5.2. We will continue to use current process.
- Success Indicator 5.6. Find professional development training or continued education for Section 508 Compliance Officer and ATI Designee and request that he/she attend.
- Success Indicator 5.7. Complete survey document for training courses. Start issuing during any training session regarding ATI to start collecting feedback.
- Success Indicator 5.8. No plans to work on during this academic year.

Key Plans for Academic Year 2016-2017
- Success Indicator 5.3. Create and deploy a training program for IT staff.
- Success Indicator 5.4. Create and deploy a training program for Buyers (Procurement staff).
- Success Indicator 5.5. We will review and revise current process if any changes have been made at Chancellor’s Office.
Success Indicator 5.7. Review and update survey according to any new information being taught in training classes.

Success Indicator 5.8. Work with the IT Training to develop a retraining program for staff.

Success Indicator 5.1. Established and deployed new employee orientation training materials that provide overview of Section 508 requirements and where to get more information.  
Process: During New Employee Orientation we refer new employees to the online training available on the CSU Website and to give them handouts regarding Section 508.

Measurement: We measure our success by the improvement of users’ abilities to evaluate products more thoroughly causing fewer issues when their requests for purchases come to Procurement for processing.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 5.2. Established and deployed training program for purchase requestors and administrative support staff.  
Process: The current process is to inform purchasers of the online training available on the CSU Website and to give handouts to the users in our in-person trainings. We are developing a more in depth in-person training which will be done collaboratively with the campus IT Trainer.

Measurement: We measure our success by the improvement of users’ abilities to evaluate products more thoroughly causing fewer issues when their requests for purchases come to Procurement for processing.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 5.3. Established and deployed training program for Information Technology Staff.  
Process: The current process is to inform Information Technology Staff of the online training available on the CSU Website and to give handouts to the users in our in-person trainings. We are developing a more in depth in-person training which will be done collaboratively with the campus IT Trainer.

Measurement: We measure our success by the amount of questions received related to the training and by amount of issues that arise during the procurement process.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2012.

Academic Year 2014-2015: The status level reported was initiated and started in 2012.

Success Indicator 5.4. Established and deployed training program for Buyers (procurement staff).  
Process: The current process is to inform Procurement staff of the online training available on the CSU Website and to give handouts to the users in our in-person trainings. We are developing a more in depth in-person training which will be done collaboratively with the campus IT Trainer.
Measurement: We measure our success by the amount of questions received related to the training and by amount of issues that arise during the procurement process.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 5.5. Established and deployed training for all purchase card holders.

Process: The current process is to inform procurement card holders of the online training available on the CSU Website and to give handouts to the users in our in-person trainings. We are developing a more in-depth in-person training which will be done collaboratively with the campus IT Trainer.

Measurement: We measure our success by the amount of questions received related to the training and by amount of issues that arise during the procurement process.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 5.6. Established a plan that provides resources for the Section 508 Compliance officer and ATI Designee or other Designee to participate in professional development and continuing education opportunities.

Process: The current process is to utilize the online training available on the CSU Website. We will be pursuing more in-depth training and professional development for the staff that have been delegated these responsibilities.

Measurement: We measure our success by the amount of questions received related to the training and by amount of issues that arise during the procurement process.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 5.7. Collected feedback from training (effectiveness, knowledge retention, etc.).

Process: We are developing a survey to be conducted after training to evaluate the effectiveness and level of understanding by the users who have completed the training sessions. Based on the responses to the survey, we will make adjustments as necessary to more clearly present the information.

Measurement: We measure our success by the amount of questions received related to the training and by amount of issues that arise during the procurement process.

Annual Reports: Academic Year 2013-2014: The status level reported was not started.

Academic Year 2014-2015: The status level reported was not started.
**California State University, Dominguez Hills**

**Success Indicator 5.8.** Established methods for retraining individuals and departments to refresh knowledge of the E&IT procurement process.

**Process:** As retention of qualified staff is written into the campus strategic plan, this success indicator will be used to help justify retaining and training the necessary individuals to continue the implementation of the plan and progression to the next status levels for each success indicator.

**Measurement:** We measure our success by the amount of training made available and the turnover rate of employees involved in the E&IT procurement process.

**Annual Reports:**
- **Academic Year 2013-2014:** The status level reported was initiated and started in 2011.
- **Academic Year 2014-2015:** The status level reported was not started.

**Goal 6.** All individuals on campus involved in the purchasing of goods are knowledgeable about Section 508 in the context of E&IT procurement.

**Academic Year 2013-2014:** The status level reported was defined.

**Academic Year 2014-2015:** The status level reported was defined with a commitment to work on success indicators 6.2 and 6.3.

**Key Plans for Academic Year 2014-2015**
- Success Indicator 6.2 – We will continue to refer vendors to Chancellor’s Office website for current up-to-date documents or to campus Procurement ATI Designee.
- Success Indicator 6.3 – We will continue using current process.

**Key Accomplishments for Academic Year 2014-2015**
- Success Indicator 6.2. No change; still in progress.
- Success Indicator 6.3. No change; still in progress.

**Key Plans for Academic Year 2015-2016**
- Success Indicator 6.2 – We will continue to refer vendors to Chancellor’s Office website for current up-to-date documents or to campus Procurement ATI Designee.
- Success Indicator 6.3 – We will continue using current process.

**Key Plans for Academic Year 2016-2017**
- Success Indicator 6.2 – define measurements for and work towards optimized.
- Success Indicator 6.3 – We will establish relationship with a department that provides written communication to campus and start campaigning E&IT procurement awareness.

**Success Indicator 6.1.** Removed.

**Success Indicator 6.2.** Established a process for working collaboratively with vendors during the procurement process to assess and improve the accessibility of their product (i.e. VPAT review process, Accessibility Roadmap).

**Process:** We direct our vendors to the Chancellor’s Office website at: http://www.calstate.edu/Accessibility/EIT_Procurement/APPENDIX.B.Vendor_Information.doc where they may download the vendor information document, which may also be found in Appendix G.
Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our vendors.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 6.3. Established an ongoing general campus communication that promotes E&IT procurement awareness.

Process: We have committed that through the implementation of this plan we will be formalizing a campus E&IT procurement awareness campaign that we will update annually and continue to promote. We will encourage online training available on the Chancellor’s website and in-person training sessions.

Measurement: We measure our success by evaluating the ease of use and completion rate of forms and processes by our campus users.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was not started.

Goal 7. Campus has established a continual evaluation process with standard forms and procedures. Feedback from the process along with direction is provided to training, outreach, and other groups involved in E&IT procurements.

Academic Year 2013-2014: The status level reported was initiated.

Academic Year 2014-2015: The status level reported was not started with a commitment to work on success indicators 7.4, 7.5, 7.6, and 7.7.

Key Plans for Academic Year 2014-2015

- Success Indicator 7.4. No plan to work on during this academic year.
- Success Indicator 7.5. No plan to work on during this academic year.
- Success Indicator 7.6. No plan to work on during this academic year.
- Success Indicator 7.7. No plan to work on during this academic year.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 7.4. No change; still not started – due to staffing issues.
- Success Indicator 7.5. No change; still not started – due to staffing issues.
- Success Indicator 7.6. No change; still not started – due to staffing issues.
- Success Indicator 7.7. No change; still not started – due to staffing issues.

Key Plans for Academic Year 2015-2016

- Success Indicator 7.1. Meet with ATI Steering Committee and also discuss with other campuses the best way to measure this process. We will hopefully determine a process and implement.
- Success Indicator 7.2. Meet with ATI Steering Committee and also discuss with other campuses the best way to measure this process. We will hopefully determine a process and implement.
Success Indicator 7.3. Meet with ATI Steering Committee and also discuss with other campuses the best way to measure this process. We will hopefully determine a process and implement.

Success Indicator 7.4. Meet with ATI Steering Committee and also discuss with other campuses the best way to measure this process. We will hopefully determine a process and implement.

Key Plans for Academic Year 2016-2017

- Success Indicator 7.1. Review process for measurement accuracy and refine process if needed.
- Success Indicator 7.2. Review process for measurement accuracy and refine process if needed.
- Success Indicator 7.3. Review process for measurement accuracy and refine process if needed.
- Success Indicator 7.4. Review process for measurement accuracy and refine process if needed.

Success Indicator 7.1. Established metrics to evaluate the effectiveness of the ATI procurement process and procedures process.

Process: As this is a new success indicator this year, the ATI Steering Committee will collectively determine the metrics to evaluate the effectiveness of the ATI Procurement processes.

Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was not started.

Success Indicator 7.2. Established metrics to evaluate the effectiveness of the Equally Effective Alternate Access process.

Process: As this is a new success indicator this year, the ATI Steering Committee will collectively determine the metrics to evaluate the effectiveness of the Equally Effective Alternate Access processes.

Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was not started.

Success Indicator 7.3. Established metrics to evaluate the effectiveness of campus training process.

Process: As this is a new success indicator this year, the ATI Steering Committee will collectively determine the metrics to evaluate the effectiveness of the campus training processes.

Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was not started.

Success Indicator 7.4. Establish metrics to evaluate the effectiveness of campus outreach process.

Process: As this is a new success indicator this year, the ATI Steering Committee will collectively determine the metrics to evaluate the effectiveness of the campus outreach processes.
Measurement: As this is a new success indicators, we will measure our success based on the metrics provided by the ATI Steering Committee.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was not started.

Goal 8. Campuses have sufficient experience and expertise in completing E&IT procurements.

Academic Year 2013-2014: The status level reported was not started.

Key Plans for Academic Year 2014-2015

- Success Indicator 8.5. No plan to work on during this academic year.
- Success Indicator 8.6. No plan to work on during this academic year.
- Success Indicator 8.7. No plan to work on during this academic year.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 8.5. No change; still not started – due to staffing issues.
- Success Indicator 8.6. No change; still not started – due to staffing issues.
- Success Indicator 8.7. No change; still not started – due to staffing issues.

Key Plans for Academic Year 2015-2016

- Success Indicator 8.5. We will work with IT to build tracking of these totals into their ServiceNow system.
- Success Indicator 8.6. We will work with IT to build tracking of these totals into their ServiceNow system.
- Success Indicator 8.7. We will work with IT to build tracking of these totals into their ServiceNow system.

Key Plans for Academic Year 2016-2017

- Success Indicator 8.5. Review accuracy of totals from previous year and update system if needed.
- Success Indicator 8.6. Review accuracy of totals from previous year and update system if needed.
- Success Indicator 8.7. Review accuracy of totals from previous year and update system if needed.

Success Indicator 8.1. Total number of E&IT reviews?

Process: As this is a new success indicator this year, we will be building the tracking of these items into ServiceNow so they are documented, tracked, and archived.

Measurement: We measure our success by the effectiveness of the tracking process and ease of use by those responsible for entering the incidents into the system.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The quantity reported for this success indicators was 0.

Success Indicator 8.2. What is the total percentage of EEAAP's?

Process: As this is a new success indicator this year, we will be building the tracking of these items into ServiceNow so they are documented, tracked, and archived.
Measurement: We measure our success by the effectiveness of the tracking process and ease of use by those responsible for entering the incidents into the system.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The quantity reported for this success indicators was 0.

Success Indicator 8.3. What is the total number of exemptions/exceptions?

Process: As this is a new success indicator this year, we will be building the tracking of these items into ServiceNow so they are documented, tracked, and archived.

Measurement: We measure our success by the effectiveness of the tracking process and ease of use by those responsible for entering the incidents into the system.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The quantity reported for this success indicators was 0.

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ATI Web Accessibility Plan


Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicator 1.7.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 1.13, 1.14, 1.15, 1.17, and 1.18.

Key Plans for Academic Year 2014-2015

- Success Indicator 1.6. Conducted manual accessibility evaluations on websites and web applications. Measurement: We measure our success by the number of manual evaluations completed within each area as identified by scan reports. Completed manual evaluations will be documented, made available online, and reflected in subsequent scan results. Guidelines for conducting manual evaluations will be created and distributed to users.

- Success Indicator 1.7. Established a procedure to distribute evaluation results to campus members responsible for website and maintenance. Measurement: We will measure success by tracking how consistently and timely reports are generated and distributed to all web leads via meetings or electronically. A list of web leads for each major web area will be documented and regular intervals for reporting results will be determined and made available online.

- Success Indicator 1.8. Established a follow-up procedure that tracks remediation or replacement of documented compliance issues. Measurement: We measure our success by (1) tracking the progress of scan results over time for each web area, (2) monitoring reported issues, assigning them to the appropriate web lead, and gauging how effectively they are resolved, and (3) documenting this procedure and making it available online to the web community.

- Success Indicator 1.11. Conducted manual accessibility evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF). Measurement: We measure our success by
having each web area identify and catalog the storage locations of their digital content, assess their media types, and begin a process of manually evaluating those files that pose the greatest exposure (to the best of their capabilities). This process is often challenged by department resources and the availability of training.

- Success Indicator 1.12. Conducted manual evaluations on digital content: videos. **Measurement:** Similar to section 1.11, we measure our success by having each web area identify and catalog the storage locations of their video content, manually assess their compliance, and begin a process of remediating those files that pose the greatest exposure (to the best of their capabilities). Documentation of third-party services, resources, and training will be made available to web users.

**Key Accomplishments for Academic Year 2014-2015**

- Success Indicator 1.6. No change. Resources limited.
- Success Indicator 1.7. Responsibilities have been assigned to the IT Web team and the WAM Tech group. Compliance Sheriff access accounts were created for all WAM Tech members. Regularly scheduled scans are documented in Compliance Sheriff and announced during monthly WAM Tech meetings.
- Success Indicator 1.8. No change. Resources limited.
- Success Indicator 1.11. Individual web editors conducted checks on PDFs. Procedures for storing digital content in the web content management system was established.
- Success Indicator 1.12. No change. Resources limited.

**Key Plans for Academic Year 2015-2016**

- Success Indicator 1.13. Conducted manual evaluations on digital content: audios. **Measurement:** Similar to section 1.12, we measure our success by having each web area identify and catalog the storage locations of their audio content, manually assess their compliance, and begin a process of remediating those files that pose the greatest exposure (to the best of their capabilities). Documentation of third-party services, resources, and training will be made available to web users.
- Success Indicator 1.14. Established a procedure to distribute evaluation results to campus members and vendors responsible for digital content maintenance. **Measurement:** We will measure success by tracking inventory reports from all web leads that are distributed in meetings or electronically. A list of web leads for each major web area will be documented and used to communicate reports to their respective areas.
- Success Indicator 1.15. Established a procedure to ensure that campus members involved in maintaining digital content are familiar with the web accessibility evaluation process. **Measurement:** We will measure our success by (1) the number of web editors and contributors that have inventoried and remediated their digital content, (2) tracking the completion of digital content training, and (3) by regularly reviewing the materials and methods distributed to campus members.
- Success Indicator 1.17. Documentation of the web accessibility evaluation process is archived and can be produced for inspection. **Measurement:** We measure our success by audits to ensure the web accessibility process is regularly reviewed, documented, and made available to the campus community. Documentation of the process includes a record of scan results, scan scope and parameters, and remediation efforts by each web area.
- Success Indicator 1.18. Established a procedure to distribute evaluation results to vendors responsible for website maintenance. **Measurement:** We measure our success by tracking all vendors that are responsible for website maintenance and maintaining a list of contacts with each vendor. Any contracts with new vendors should be added to the documentation.
Key Plans for Academic Year 2016-2017

- Success Indicator 1.11. Conducted manual accessibility evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF). Measurement: We measure our success by auditing the catalog of digital content for each web area and tracking the numbers of files that have been either remediated or not yet evaluated. We can then use this a measure to gauge progress. In addition, the Compliance Sheriff application will be configured to assist with scanning documents.

- Success Indicator 1.12. Conducted manual evaluations on digital content: videos. Measurement: Similar to section 1.11, we measure our success by auditing the catalog of videos for each web area and tracking the numbers of files that have been either remediated or not yet evaluated. We can then use this a measure to gauge progress. At this time, Compliance Sheriff cannot evaluate video files.

- Success Indicator 1.13. Conducted manual evaluations on digital content: audios. Measurement: We measure our success by the number of manual evaluations of audio files completed within each area as identified by inventory reports. Completed manual evaluations will be documented and made available online. Guidelines for conducting manual evaluations of audio files will be created and distributed to users.

- Success Indicator 1.14. Established a procedure to distribute evaluation results to campus members and vendors responsible for digital content maintenance. Measurement: We will measure our success by reviewing responses from web leads for each major area responsible for managing evaluation results and remediation efforts. Methods of distributing evaluation results to our campus members and vendors (via meetings, electronically, or online) will be regularly evaluated and revised for improvements.

- Success Indicator 1.18. Established a procedure to distribute evaluation results to vendors responsible for website maintenance. Measurement: We measure our success by (1) tracking all vendors that are responsible for website maintenance, (2) regularly communicating any remediation requirements to those vendor contacts, (3) and following up on remediation efforts. Documentation of scans and communications will be kept and archived for later review.

Success Indicator 1.1. Assigned responsibility for the evaluation process to a body (person(s) or business entity).

Process: The Web Accessibility Management Tech (WAM Tech) members include the IT Web Services team and a representative from each college. Each of these individuals have been trained and responsible for evaluating the web accessibility for their colleges and the campus as a whole. During the WAM Tech meetings, the scans are discussed along with recommended resolutions to any accessibility issues that the members are having trouble resolving. These members can complete ad hoc scans as needed and will soon be able to scan their webpages as they build them by using the Compliance Deputy plug-in for instant scanning results.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2007.

Academic Year 2014-2015: The status level reported was established and started in 2007.
Success Indicator 1.2. Inventoried all campus administrative websites.

Process: We have inventoried the campus web pages from the home page to one tier down. Those are the pages that we consider administrative websites and those are scanned automatically through Compliance Sheriff monthly.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.

Success Indicator 1.3. Inventoried all administrative websites developed by contract vendors.

Process: Currently the only website that we’ve identified as an exemption if the athletics site.

Measurement: Our future plans are to include the athletics site in our scanning as well and we will measure our success like we do with all other websites.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.4. Established a process to perform regularly scheduled accessibility audits using established criteria to identify websites that need remediation.

Process: We have inventoried the campus web pages from the home page to one tier down. Those are the pages that we consider administrative websites and those are scanned automatically through Compliance Sheriff monthly.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.5. Conducted automated accessibility evaluations on websites and web applications.

Process: We have inventoried the campus web pages from the home page to one tier down. Those are the pages that we consider administrative websites and those are scanned automatically through Compliance Sheriff monthly.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.
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Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.6. Conducted manual accessibility evaluations on websites and web applications.
Process: Manual Compliance Sheriff scanning may be done as ad hoc scans anytime. These scans will let you know what you need to fix and once resolved, the ad hoc scan can be run again to verify the fix worked. We also offer in-person training and recommend specific web accessibility course that may be taking online via lynda.com for free.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.7. Established a procedure to distribute evaluation results to campus members responsible for website and maintenance.
Process: We currently don’t have an automated system to distribute the scans to the campus members responsible for website maintenance, but we plan to implement this in the future.

Measurement: We will measure our success by the completion rate of the deliveries of the automated scanning reports.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 1.8. Established a follow-up procedure that tracks remediation or replacement of documented compliance issues.
Process: We will be building incident tracking into our ServiceNow system to help us with the follow-up process but we are currently comparing previous scans to current scans to determine whether there was improvement and if more remediation is needed.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.9. Established a procedure to ensure that campus members involved in maintaining websites and web applications, are familiar with the web accessibility evaluation process.
Process: We utilize the monthly WAM Tech meetings to discuss accessibility, demonstrate Compliance Sheriff, and distribute related materials as well as we give the members’ online access to the materials and tools.
**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

**Success Indicator 1.10.** Established a procedure to ensure that campus members involved in maintaining websites, web application know who to contact for compliance assistance.

**Process:** The contact information is made known at the required in-person training sessions. The contacts include the IT Web Services team and the trained leads for all the colleges. The list of members may be found at: http://webcomm.csudh.edu/members/user/browse

**Measurement:** We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

**Annual Reports:** Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.

**Success Indicator 1.11.** Conducted manual accessibility evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF).

**Process:** We offer accessibility training for creating accessible digital content but do not currently conduct manual evaluations of such content. This is something that should be done at the college level when posting such content on their webpages.

**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

**Annual Reports:** Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

**Success Indicator 1.12.** Conducted manual evaluations on digital content: videos.

**Process:** For videos, we create the script first and then follow the script during recording. We make sure videos are accessible from the beginning so there’s no need for manual evaluation.

**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

**Annual Reports:** Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.
Process: For audio, we create the script first and then follow the script during recording. We make sure recordings are accessible from the beginning so there's no need for manual evaluation.
Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.
Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 1.14. Established a procedure to distribute evaluation results to campus members and vendors responsible for digital content maintenance.
Process: We utilize the monthly WAM Tech meetings to discuss accessibility, demonstrate Compliance Sheriff, and distribute related materials as well as we give the members’ online access to the materials and tools.
Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2012.
Academic Year 2014-2015: The status level reported was initiated and started in 2012.

Success Indicator 1.15. Established a procedure to ensure that campus members involved in maintaining digital content are familiar with the web accessibility evaluation process.
Process: We utilize the monthly WAM Tech meetings to discuss accessibility, demonstrate Compliance Sheriff, and distribute related materials as well as we give the members’ online access to the materials and tools. We also offer in-person training through the Division of Information Technology’s Academic Technology department.
Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.
Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 1.16. Established a procedure to ensure that campus members involved in maintaining digital content know who to contact for compliance assistance.
Process: The contact information is made known at the required in-person training sessions. The contacts include the IT Web Services team and the trained leads for all the colleges. The list of members may be found at: http://webcomm.csudh.edu/members/user/browse
**Measurement:** We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

**Success Indicator 1.17.** Documentation of the web accessibility evaluation process is archived and can be produced for inspection.

**Process:** We have some of the reports available in PDF and will document the process more clearly through the implementation of this plan.

**Measurement:** We will measure our success by the method of documentation and ease of producing the document upon request for inspection.

**Annual Reports:** Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 1.18.** Established a procedure to distribute evaluation results to vendors responsible for website maintenance.

**Process:** Currently the only website that we’ve identified as an exemption if the athletics site and therefore do not distribute the evaluation results to them.

**Measurement:** Our future plans are to include the athletics site in our scanning and we will measure our success like we do with all other websites.

**Annual Reports:** This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

**Goal 2.** New website/web application and digital content development complies with all Section 508 accessibility guidelines.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicator 2.3.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 2.5, 2.6, 2.7, and 2.9.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 2.3. Established a procedure to ensure that campus members involved in the design and development processes are aware of Section 508 guidelines. **Measurement:** We measure success by performing regular reviews of our materials and methods for ensuring that campus members are aware of Section 508 guidelines. These reviews evaluate how guidelines are incorporated into web trainings (both classroom and online), support services and materials, communications to web users, and campus student, staff, and faculty orientations. Feedback is also reviewed and documented.
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- **Success Indicator 2.5.** Developed digital content: documents (word processor produced, excel, PowerPoint, PDF) in accordance with Section 508 accessibility guidelines. **Measurement:** We measure our success by auditing the catalog of digital content for each web area and tracking the numbers of files that have been evaluated and/or remediated. The Compliance Sheriff application will be configured to scanning documents regularly to gauge the level of compliance of our digital content inventories.

- **Success Indicator 2.6.** Developed digital content: videos in accordance with Section 508 accessibility guidelines. **Measurement:** We measure our success by having each web area catalog the storage locations of their video content, identify which videos pose the greatest amount of exposure, and manually evaluate those first for compliance based on established guidelines.

- **Success Indicator 2.7.** Developed digital content: audios in accordance with Section 508 accessibility guidelines. **Measurement:** Similar to 2.6, we measure our success by having each web area catalog the storage locations of their audio content, identify which audios pose the greatest amount of exposure, and manually evaluate those first for compliance based on established guidelines.

- **Success Indicator 2.9.** Assigned responsibility for the New Web Development process to a body (person(s) or business entity). **Measurement:** We measure our success by reviewing how new web development requests are currently processed, how the new web environments are created and configured, and evaluate existing business workflows to identify all persons involved (administrators, editors and contributors, and approvers).

**Key Accomplishments for Academic Year 2014-2015**

- **Success Indicator 2.3.** Standard procedures for Section 508 awareness are in place as required web editor/contributor training. The web training program has been assigned to an IT Trainer. The course and attendance is documented.

- **Success Indicator 2.5.** No change. Resources limited.

- **Success Indicator 2.6.** No change. Resources limited.

- **Success Indicator 2.7.** No change. Resources limited.

- **Success Indicator 2.9.** Responsibility for the New Web Development process was assigned to the IT CM1 team and the IT Training team. The process is standard, consistent, and documented.

**Key Plans for Academic Year 2015-2016**

- **Success Indicator 2.5.** Developed digital content: documents (word processor produced, excel, PowerPoint, PDF) in accordance with Section 508 accessibility guidelines. **Measurement:** We measure our success by auditing the catalog of digital content for each web area and tracking the numbers of files that have been evaluated and/or remediated. We then track our progress from previous audits. The Compliance Sheriff application will be configured to scanning documents regularly to gauge the level of compliance of our digital content inventories. Scans are documented to track progress and archived for later review.

- **Success Indicator 2.6.** Developed digital content: videos in accordance with Section 508 accessibility guidelines. **Measurement:** We measure our success by reviewing our catalog of video content for each web area, identifying which videos are compliant or have been remediated, and identify which videos still require evaluation. New videos will be logged and flagged for evaluation. Documentation of reviews will be used to track progress and distributed to web leads.

- **Success Indicator 2.7.** Developed digital content: audios in accordance with Section 508 accessibility guidelines. **Measurement:** Similar to 2.6, we measure our success by reviewing our catalog of audio content for each web area, identifying which audios are compliant, and identify those still require
evaluation. New audios will be logged and flagged for evaluation. Documentation of reviews will be used to track progress and distributed to web leads.

- **Success Indicator 2.9.** Assigned responsibility for the New Web Development process to a body (person(s) or business entity). **Measurement:** We measure our success by (1) reviewing the roles of all persons involved in new web development, from the administrators who configure the web environment (permissions, folders, navigation, etc.) to the site editors, content contributors, and departmental approvers (2) and ensuring the processes and workflows are documented.

### Key Plans for Academic Year 2016-2017

- **Success Indicator 2.6.** Developed digital content: videos in accordance with Section 508 accessibility guidelines. **Measurement:** We measure our success by cataloging newly created video content, manually evaluating those videos for compliance both at the time of creation and in later audits, and documenting results to track progress from previous audits. Guidelines for accessible video creation (e.g. first creating a written script) are established, documented, and distributed to all content creators.

- **Success Indicator 2.7.** Developed digital content: audios in accordance with Section 508 accessibility guidelines. **Measurement:** Similar to 2.6, we measure our success by cataloging newly created audio content, manually evaluating those audios for compliance both at the time of creation and in later audits, and documenting results to track progress from previous audits. Guidelines for accessible audio creation (e.g. first creating a written script) are established, documented, and distributed to all content creators.

- **Success Indicator 2.9.** Assigned responsibility for the New Web Development process to a body (person(s) or business entity). **Measurement:** We measure our success by (1) regularly reviewing the roles of all persons or teams assigned to new web development, (2) distributing or publishing workflows so that all involved parties are aware of the overall process and individual responsibilities, and (3) documenting all new web creations to maintain an audit trail.

**Success Indicator 2.1.** Established a process to ensure that new websites and web applications are developed with "designed in" accessibility included.

**Process:** This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community and online training that will be required once it has been completely developed. There will also be a plug-in made available through a Chancellor’s Office contract for Compliance Deputy to aid in the designing process whereby the designer may conduct an ad hoc scan during the CM1 design phase. During CM1 training, emphasis is put on using ALT tags properly for images and we promote additional free online training via lynda.com.

**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

**Annual Reports:** **Academic Year 2013-2014:** The status level reported was established and started in 2008. **Academic Year 2014-2015:** The status level reported was defined and started in 2008.
Success Indicator 2.2. Established a procedure to ensure that accessible coding techniques are used to develop new websites and web applications.

Process: This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community and online training that will be required once it has been completely developed. There will also be a plug-in made available through a Chancellor's Office contract for Compliance Deputy to aid in the coding process whereby the coder may conduct an ad hoc scan during the CM1 coding phase (without having to publish the page first). During CM1 training, emphasis is put on using ALT tags properly for images and we promote additional free online training via lynda.com.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was defined and started in 2008.

Success Indicator 2.3. Established a procedure to ensure that campus members involved in the design and development processes are aware of Section 508 guidelines.

Process: This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community and online training that will be required once it has been completely developed. There will also be a plug-in made available through a Chancellor's Office contract for Compliance Deputy to aid in the designing process whereby the designer may conduct an ad hoc scan during the CM1 design phase. During CM1 training, emphasis is put on using ALT tags properly for images and we promote additional free online training via lynda.com.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

Success Indicator 2.4. Established a procedure to ensure that campus members involved in website design and development know who to contact for compliance assistance.

Process: The contact information is made known at the required in-person training sessions. The contacts include the IT Web Services team and the trained leads for all the colleges. The list of members may be found at: http://webcomm.csudh.edu/members/user/browse

Measurement: We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2007.

Academic Year 2014-2015: The status level reported was managed and started in 2007.
Success Indicator 2.5. Developed digital content: documents (word processor produced, excel, PowerPoint, PDF) in accordance with Section 508 accessibility guidelines.

Process: We offer accessibility training for creating accessible digital content which is offered through the Division of Information Technologies' Academic Technology department.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 2.6. Developed digital content: videos in accordance with Section 508 accessibility guidelines.

Process: For videos, we create the script first and then follow the script during recording. We make sure videos are accessible from the beginning and the transcript is available if needed.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 2.7. Developed digital content: audios in accordance with Section 508 accessibility guidelines.

Process: For audio, we create the script first and then follow the script during recording. We make sure recordings are accessible and the transcript is available if needed.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2013.

Academic Year 2014-2015: The status level reported was initiated and started in 2013.

Success Indicator 2.8. Established a procedure to ensure that campus members involved in digital content development know who to contact for compliance assistance.

Process: The contact information is made known at the required in-person training sessions. The contacts include the IT Web Services team and the trained leads for all the colleges. The list of members may be found at: https://webcomm.csudh.edu/members/user/browse Often, for digital content issues, the campus members contact the Division of Information Technology's Academic Technology department as they were the persons who trained them during New Faculty Orientation.
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*Measurement:* We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

*Annual Reports:* Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

**Success Indicator 2.9.** Assigned responsibility for the New Web Development process to a body (person(s) or business entity).

*Process:* The WAM Tech group is the body responsible for new creation of webpages and sites. The WAM Tech members include the IT Web Services team and a representative from each college. Each of these individuals have been trained and responsible for evaluating the web accessibility for their colleges and the campus as a whole. The IT Web Presence Committee is the governing body for all guidance as to implementing processes related to web accessibility.

*Measurement:* We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

*Annual Reports:* This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was defined and started in 2014.

**Goal 3.** Updating and maintenance of websites/web applications and digital content comply with Section 508 Accessibility Standards.

Academic Year 2013-2014: The status level reported was defined with a commitment to work on success indicators 3.2 and 3.3.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 3.6, 3.7, 3.8, 3.9, and 3.11.

**Key Plans for Academic Year 2014-2015**

- Success Indicator 3.2. Established a procedure to verify that any changes made to existing website and web applications comply with 508 accessibility guidelines. *Measurement:* We measure our success by (1) distributing technologies to our content editors and contributors (e.g. Compliance Deputy or other development level validation tools) to allow them to verify that changes are compliant prior to publishing, (2) providing both division level web managers and department/college web leads with the ability to generate their own high-level scan reports, and (3) reviewing campus-wide scan reports by IT and web teams to track new content compliance post-publish.

- Success Indicator 3.3. Established a procedure to ensure that campus members involved in website and/or web application development are familiar with the monitoring process. *Measurement:* We measure our success by (1) holding regular campus team lead meetings (WAM Tech) to communicate the monitoring process through departmental channels, (2) incorporating information on the monitoring process in web trainings, orientations, and campus communications, and (3) publishing information on the process to our online support sites and other web user resources.
• Success Indicator 3.5. Assigned responsibility for the ongoing monitoring process of digital content to a body (person(s) or business entity). **Measurement:** We measure our success by (1) identifying web leads for each major campus web area, (2) assigning the responsibility of receiving scan reports or generating their own for digital content, and (3) assigning the responsibility for managing larger campus-wide scans to IT entities (e.g. Web Team).

• Success Indicator 3.6. Conducted Section 508 evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF) before the documents are published to the web. **Measurement:** We measure success by providing web editors and content contributors with the tools and resources to conduct evaluations on documents prior to publishing. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*

• Success Indicator 3.7. Conducted Section 508 evaluations on digital content: videos before the videos are published to the web. **Measurement:** Similar to 3.6, we measure success by providing web editors and content contributors with the tools and resources to conduct evaluations on videos prior to publishing. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*

**Key Accomplishments for Academic Year 2014-2015**

• Success Indicator 3.2. No change.

• Success Indicator 3.3. Regular WAM Tech group meetings were conducted to ensure members are familiar with the monitoring process. Responsibilities for managing meetings have been assigned to the IT Web team. Meeting agenda and attendance are documented and posted.

• Success Indicator 3.5. Responsibilities for the ongoing monitoring process has been assigned to the IT Web team. Responsibilities for major campus web areas have been assigned to their respective WAM Tech leads. WAM Tech assignments and membership are documented.

• Success Indicator 3.6. Responsibilities for the ongoing monitoring process has been assigned to the IT Web team. Responsibilities for major campus web areas have been assigned to their respective WAM Tech leads. WAM Tech assignments and membership are documented.

• Success Indicator 3.7. Responsibilities for the ongoing monitoring process has been assigned to the IT Web team. Responsibilities for major campus web areas have been assigned to their respective WAM Tech leads. WAM Tech assignments and membership are documented.

**Key Plans for Academic Year 2015-2016**

• Success Indicator 3.6. Conducted Section 508 evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF) before the documents are published to the web. **Measurement:** We measure success by (1) providing web editors and content contributors with the tools and resources to conduct evaluations on documents prior to publishing and (2) review feedback from them to verify that evaluations have been adopted as part of their pre-publish workflow. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*

• Success Indicator 3.7. Conducted Section 508 evaluations on digital content: videos before the videos are published to the web. **Measurement:** Similar to 3.6, we measure success by (1) providing web editors and content contributors with the tools and resources to conduct evaluations on videos prior to publishing and (2) review feedback from them to verify that evaluations have been adopted as part of their pre-publish workflow. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*
Success Indicator 3.8. Conducted Section 508 evaluations on digital content: audios, before the audios are published to the web. **Measurement:** Similar to 3.6, we measure success by providing web editors and content contributors with the tools and resources to conduct evaluations on audios prior to publishing. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*

Success Indicator 3.9. Established a procedure to ensure that campus members involved in digital content development are familiar with the monitoring process. **Measurement:** We measure our success by (1) holding regular campus team lead meetings (WAM Tech) to communicate the monitoring process through departmental channels, and (2) incorporating information on the monitoring process in web trainings, orientations, and campus communications.

Success Indicator 3.11. Documentation of the web accessibility monitoring process is archived and can be produced for inspection. **Measurement:** We measure our success by audits to ensure the web accessibility monitoring process is documented and made available to the campus community. Documentation of the process includes a record of scan results, scan scope and parameters, and remediation efforts for each web area.

Key Plans for Academic Year 2016-2017

Success Indicator 3.8. Conducted Section 508 evaluations on digital content: audios, before the audios are published to the web. **Measurement:** Similar to 3.6, we measure success by (1) providing web editors and content contributors with the tools and resources to conduct evaluations on audios prior to publishing and (2) review feedback from them to verify that evaluations have been adopted as part of their pre-publish workflow. *This specific area is difficult to manage as there is currently no high-level method to monitor documents prior to publishing.*

Success Indicator 3.9. Established a procedure to ensure that campus members involved in digital content development are familiar with the monitoring process. **Measurement:** Similar to 3.3., we measure our success by (1) holding regular campus team lead meetings (WAM Tech) to communicate the monitoring process through departmental channels, (2) incorporating information on the monitoring process in web trainings, orientations, and campus communications, and (3) publishing information on the process to our online support sites and other web user resources.

Success Indicator 3.11. Documentation of the web accessibility monitoring process is archived and can be produced for inspection. **Measurement:** We measure our success by audits to ensure the web accessibility monitoring process is regularly reviewed, documented, and made available to the campus community. Documentation of the process includes a record of scan results, scan scope and parameters, and remediation efforts for each web area.

**Success Indicator 3.1.** Assigned responsibility for the ongoing monitoring process of websites and web applications to a body (person(s) or business entity).

**Process:** The WAM Tech members are responsible for the ongoing monitoring process of the websites and applications for their colleges and the campus as a whole. These members can complete ad hoc scans as needed and will soon be able to scan their webpages as they build them by using the Compliance Deputy plug-in for instant scanning results.

**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports
Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

Success Indicator 3.2. Established a procedure to verify that any changes made to existing website and web applications comply with 508 accessibility guidelines.

Process: Manual Compliance Sheriff scanning may be done as ad hoc scans anytime. When someone makes a change to a webpage, it is recommended they run an ad hoc scan to ensure they didn’t cause any unforeseen compliance issues. These scans will let you know what you need to fix and once resolved, the ad hoc scan can be run again to verify the fix worked. We also offer in-person training and recommend specific web accessibility course that may be taking online via lynda.com for free.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 3.3. Established a procedure to ensure that campus members involved in website and/or web application development are familiar with the monitoring process.

Process: The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

Measurement: We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

Success Indicator 3.4. Established a procedure to ensure that campus members that develop websites, web applications know who to contact for compliance assistance.

Process: The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community and online training that will be required once it has been completely developed. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.
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Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 3.5. Assigned responsibility for the ongoing monitoring process of digital content to a body (person(s) or business entity).

Process: This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community and online training that will be required once it has been completely developed. The ongoing monitoring process explained as ultimately lying on the user who creates the digital content before they submit it for publishing.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2011.

Academic Year 2014-2015: The status level reported was defined and started in 2011.

Success Indicator 3.6. Conducted Section 508 evaluations on digital content: documents (word processor produced, excel, PowerPoint, PDF) before the documents are published to the web.

Process: We offer accessibility training for creating accessible digital content which is offered through the Division of Information Technologies’ Academic Technology department. In that training we instruct the users to create the content to be accessible before publishing. Further evaluation could be completed but if taken care of before publishing it shouldn't be necessary.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 3.7. Conducted Section 508 evaluations on digital content: videos before the videos are published to the web.

Process: For videos, we create the script first and then follow the script during recording. We make sure videos are accessible from the beginning and the transcript is available if needed. Further evaluation could be completed but if taken care of before publishing it shouldn't be necessary.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.
Success Indicator 3.8. Conducted Section 508 evaluations on digital content: audios, before the audios are published to the web.

Process: For audio, we create the script first and then follow the script during recording. We make sure recordings are accessible and the transcript is available if needed. Further evaluation could be completed but if taken care of before publishing it shouldn’t be necessary.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2013.

Academic Year 2014-2015: The status level reported was initiated and started in 2013.

Success Indicator 3.9. Established a procedure to ensure that campus members involved in digital content development are familiar with the monitoring process.

Process: The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 3.10. Established a procedure to ensure that campus members that develop digital content know who to contact for compliance assistance.

Process: The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

Measurement: We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 3.11. Documentation of the web accessibility monitoring process is archived and can be produced for inspection.

Process: Other than this document, we don’t have the process documented yet but will documenting the process more clearly through the implementation of this plan.
Measurement: We will measure our success by the method of documentation and ease of producing the document upon request for inspection.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2012.

Academic Year 2014-2015: The status level reported was initiated and started in 2012.

Goal 4. Documented non-compliant websites, web applications and digital content must be delivered in an equally effective alternate format and granted an exemption.

Academic Year 2013-2014: The status level reported was defined.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 4.7, 4.8, 4.10, 4.12, and 4.13.

Key Plans for Academic Year 2014-2015

- Success Indicator 4.2. Documented process for handling exemptions is part of the campus Web Accessibility Plan. Measurement: We measure our success by (1) developing and documenting a process for granting compliance exemptions and adding it to our campus Web Accessibility Plan, and (2) the process will include performing an audit, or developing a list, of all non-compliant websites, web applications and digital content that currently reside on campus servers, documenting alternative accommodations that were made, and developing a schedule for updating the audit of non-compliant sites on an annual basis.

- Success Indicator 4.4. Accessible alternate format is in place for all website and web applications exemptions. Measurement: We measure our success by (1) determining which accessible formats for all websites and web applications exemptions will be acceptable, and (2) establishing appropriate process for granting exceptions and determining response times for accessibility requests and resolution of accessibility issues.

- Success Indicator 4.5. Established a follow-up procedure to remediate non-compliant websites and web applications. Measurement: We measure our success by (1) developing an incident tracking system (in Excel or a database) to document non-compliant websites and web applications that have been reported or discovered through an audit, (2) establishing a process to remediate non-compliant websites and web applications, and (3) to document non-compliant incidents and remediation in the tracking system.

- Success Indicator 4.12. Documentation of the digital content exemptions and alternative accommodations process is archived and can be produced for inspection. Measurement: We measure our success by (1) determining how and where we will archive our documentation of digital content exemptions once the process has been developed, (2) determining how and where we will archive our documentation of providing alternative accommodations once the incident-tracking system has been developed, and (3) being able to produce documentation of digital content exemptions and alternative accommodations quickly and with ease for inspection.

- Success Indicator 4.13. Assigned responsibility for the exemptions process to a body (person(s) or business entity). Measurement: We measure our success by (1) having assigned a contact (either an individual or a unit) in IT who will be responsible for developing an accessible alternate for any
website or web application when an accessibility issue arises, or request for accessibility is made to Disabled Student Services, and (2) determining a contact (either an individual or a unit) in Disabled Student Services who will be the point of contact for working with IT to develop accessible alternates for websites or web applications when an accessibility issue arises, or request for accessibility is made.

Key Accomplishments for Academic Year 2014-2015
- Success Indicator 4.2. No change. Resources limited.
- Success Indicator 4.4. Individual web editors and contributors have identified areas that cannot be made compliant and have produced equally accessible alternative formats.
- Success Indicator 4.5. No change. Resources limited.
- Success Indicator 4.12. No change. Resources limited.
- Success Indicator 4.13. No change. Resources limited.

Key Plans for Academic Year 2015-2016
- Success Indicator 4.7. Documentation of the website, and web application, exemptions and alternative accommodations process is archived and can be produced for inspection. Measurement: We measure our success by (1) determining how and where we will archive our documentation of the website, and web application, exemptions and alternative accommodations process once the process has been developed, and (2) being able to produce documentation of the website, and web application, exemptions and alternative accommodations process quickly and with ease for inspection.
- Success Indicator 4.8. Accessible alternate format is in place for all digital content exemptions. Measurement: We measure our success by (1) determining which accessible formats for digital content exemptions will be acceptable, and (2) establishing appropriate process for granting exceptions and determining response times for accessibility requests and resolution of accessibility issues.
- Success Indicator 4.10. Established a follow-up procedure to remediate non-compliant digital content. Measurement: We measure our success by (1) developing an incident tracking system (in Excel or a database) to document non-compliant digital content that has been reported or discovered through an audit, (2) establishing a process to remediate non-compliant digital content, and (3) to document non-compliant incidents and remediation in the tracking system.
- Success Indicator 4.12. Documentation of the digital content exemptions and alternative accommodations process is archived and can be produced for inspection. Measurement: We measure our success by (1) having defined and begun to develop procedures for documenting digital content exemptions and procedures for tracking incidents of providing alternative accommodations, (2) beginning to archive our documentation of digital content exemptions and providing alternative accommodations once the incident-tracking module has been developed, and (3) being able to produce initial documentation of digital content exemptions and alternative accommodations for inspection.
- Success Indicator 4.13. Assigned responsibility for the exemptions process to a body (person(s) or business entity). Measurement: We measure our success by (1) having assigned responsibility to a body (person(s) or business entity) in IT and will have begun to develop consistent procedures for
handling exemptions when an accessibility issue arises, or request for accessibility is made to Disabled Student Services, and (2) having determined a contact (either an individual or a unit) in Disabled Student Services who is our point of contact for working with IT to develop accessible alternates for websites or web applications when an accessibility issue arises, or request for accessibility is made.

Key Plans for Academic Year 2016-2017

- Success Indicator 4.1. Established a process for granting exemptions. **Measurement:** We measure our success by (1) having a consistent practice for granting exemptions to non-compliant websites, web applications and digital content and delivering an equally effective alternate format, (2) having documented the process and included it in the Web Accessibility Plan, (3) archiving documentation for digital content exemptions and tracked incidents of providing alternative accommodations so that they are readily available for inspection.

- Success Indicator 4.3. Established a procedure to ensure that campus members responsible for website and web applications are aware of the process for providing accessible alternate formats. **Measurement:** We measure our success by (1) having consistent procedures that include training, communications, and the availability of online forms for reporting accessibility needs, (2) providing training to campus members responsible for website and web applications so they are aware of the process and able to provide accessible alternate formats, and (3) beginning to determine success indicators to gauge effectiveness of how well we train campus members responsible for websites and web applications and how effectively they resolve compliance issues.

- Success Indicator 4.9. Established a procedure to ensure that campus members responsible for digital content are aware of the process for providing accessible alternate formats. **Measurement:** We measure our success by (1) having consistent procedures that include training, communications, and the availability of online forms for reporting accessibility needs, (2) providing training to campus members responsible for digital content so they are aware of the process and able to provide accessible alternate formats, and (3) beginning to determine success indicators to gauge effectiveness of how well we train campus members responsible for digital content and how effectively they resolve compliance issues.

- Success Indicator 4.12. Documentation of the digital content exemptions and alternative accommodations process is archived and can be produced for inspection. **Measurement:** We measure our success by (1) having a consistent, formal practice for documenting digital content exemptions and procedures for tracking incidents of providing alternative accommodations, (2) consistently document digital content exemptions and tracking incidents of providing alternative accommodations and digital content exemptions, and (3) consistently archiving our documentation of providing alternative accommodations and being able to readily produce documentation for inspection.

- Success Indicator 4.13. Assigned responsibility for the exemptions process to a body (person(s) or business entity). **Measurement:** We measure our success by (1) designating a body (person(s) or business entity) in IT who is formally assigned and responsible for handling exemptions, (2) formally assigned a person or unit in IT who is responsible for developing an accessible alternate for any website or web application when an accessibility issue arises, or request for accessibility
is made to Disabled Student Services, (3) determined a contact (either an individual or a unit) in
Disabled Student Services who is our point of contact for working with IT to develop accessible
alternates for websites or web applications when an accessibility issue arises, or request for
accessibility is made.

**Success Indicator 4.1. Established a process for granting exemptions.**

*Process:* Currently all web applications are automatically exempted because Compliance Sheriff isn’t
able to scan them due to the need for authentication into the applications (i.e. PeopleSoft, etc.). The
documented process will be completed during the implementation of this plan.

*Measurement:* At this time there is nothing to measure.

*Annual Reports:* Academic Year 2013-2014: The status level reported was defined and started in
2008.

Academic Year 2014-2015: The status level reported was defined and started in 2008.

**Success Indicator 4.2. Documented process for handling exemptions is part of the campus Web Accessibility
Plan.**

*Process:* As this plan is being rewritten by the ATI Steering Committee, this process will be examined
further by the Web Presence Committee and documented through the second pass of rewriting this plan.

*Measurement:* The ATI Steering Committee will determine the best method of measurement.

*Annual Reports:* Academic Year 2013-2014: The status level reported was initiated and started in
2012.

Academic Year 2014-2015: The status level reported was initiated and started in 2012.

**Success Indicator 4.3. Established a procedure to ensure that campus members responsible for website and
web applications are aware of the process for providing accessible alternate formats.**

*Process:* This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech
community. It is explained that if anyone complains that they need an accessible alternate format, one
must be provided in a timely manner. One of the several places where the complaint form may be
found is at: http://www4.csudh.edu/access

*Measurement:* We measure our success by the timeliness of the response to the request and the resolution
of the issue.

*Annual Reports:* Academic Year 2013-2014: The status level reported was defined and started in
2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 4.4. Accessible alternate format is in place for all website and web applications
exemptions.**

*Process:* There are currently no accessible alternates available for all websites and web applications,
however Disabled Student Services is available to assist with this as issues arise.
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**Measurement:** We measure our success by the timeliness of the response to the request and the resolution of the issue.

**Annual Reports:**
- Academic Year 2013-2014: The status level reported was initiated and started in 2009.
- Academic Year 2014-2015: The status level reported was initiated and started in 2009.

**Success Indicator 4.5. Established a follow-up procedure to remediate non-compliant websites and web applications.**

**Process:** We will be building incident tracking into our ServiceNow system to help us with the follow-up process but we are currently comparing previous scans to current scans to determine whether there was improvement and whether more remediation is needed.

**Measurement:** We measure our success by the degree to which issues are resolved, improvement is shown through the level of understanding by our users, and the Compliance Sheriff scanning results, which are published at: https://www4.csudh.edu/access/scan-reports

**Annual Reports:**
- Academic Year 2013-2014: The status level reported was initiated and started in 2008.
- Academic Year 2014-2015: The status level reported was initiated and started in 2008.

**Success Indicator 4.6. Established a procedure to ensure that campus members responsible for website and web applications know who to contact for compliance assistance.**

**Process:** The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

**Measurement:** We measure our success by the degree to which users contact us or we hear users don’t know who to contact.

**Annual Reports:**
- Academic Year 2013-2014: The status level reported was established and started in 2007.
- Academic Year 2014-2015: The status level reported was established and started in 2007.

**Success Indicator 4.7. Documentation of the website, and web application, exemptions and alternative accommodations process is archived and can be produced for inspection.**

**Process:** Other than this document, we don’t have the process documented yet but will documenting the process more clearly through the implementation of this plan.

**Measurement:** We will measure our success by the method of documentation and ease of producing the document upon request for inspection.

**Annual Reports:**
- Academic Year 2013-2014: The status level reported was initiated and started in 2011.
- Academic Year 2014-2015: The status level reported was initiated and started in 2011.
Success Indicator 4.8. Accessible alternate format is in place for all digital content exemptions.

Process: The IT Web Presence Committee is the governing body for all guidance as to implementing processes related to web accessibility and exemptions. Since we train users to create the digital content accessibly in the beginning, the exemptions that may be needed are for content not created on campus.

Measurement: We measure our success by the timeliness of the response to the exemption and the resolution of the issue.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

Success Indicator 4.9. Established a procedure to ensure that campus members responsible for digital content are aware of the process for providing accessible alternate formats.

Process: This is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. It is explained that if anyone complains that they need an accessible alternate format, one must be provided in a timely manner. One of the several places where the complaint form may be found is at: http://www4.csudh.edu/access Disabled Student Services, the Library, and the Division of Information Technology’s Academic Technology department are all available to help in providing accessible alternate formats.

Measurement: We measure our success by the timeliness of the response to the request and the resolution of the issue.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2008.

Academic Year 2014-2015: The status level reported was defined and started in 2008.

Success Indicator 4.10. Established a follow-up procedure to remediate non-compliant digital content.

Process: We will be building incident tracking into our ServiceNow system to help us with the follow-up process. Meanwhile we handle issues as they arise.

Measurement: We measure our success by the timeliness of the response to the request and the resolution of the issue.

Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2012.

Academic Year 2014-2015: The status level reported was initiated and started in 2012.

Success Indicator 4.11. Established a procedure to ensure that campus members responsible for digital content know who to contact for compliance assistance.

Process: The procedure is covered in CM1 training, New Faculty Orientation, and through the WAM Tech community. Campus members are informed that there is a college lead who may help them if they need any compliance assistance.

Measurement: We measure our success by the degree to which users contact us or we hear users don’t know who to contact.
Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 4.12. Documentation of the digital content exemptions and alternative accommodations process is archived and can be produced for inspection.
Process: Other than this document, we don’t have the process documented yet but will documenting the process more clearly through the implementation of this plan.
Measurement: We will measure our success by the method of documentation and ease of producing the document upon request for inspection.

Annual Reports: Academic Year 2013-2014: The status level reported was not started.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Success Indicator 4.13. Assigned responsibility for the exemptions process to a body (person(s) or business entity).
Process: The IT Web Presence Committee is the governing body for all guidance as to implementing processes related to web accessibility and exemptions. Since we train users to create the digital content accessibly in the beginning, the exemptions that may be needed are for content not created on campus.
Measurement: We measure our success by the timeliness of the response to the exemption and the resolution of the issue.

Annual Reports: This was a new success indicator for Academic Year 2014-2015.

Academic Year 2014-2015: The status level reported was initiated and started in 2014.

Goal 5. Professional development training has incorporated Section 508 accessibility guidelines into website and web applications development and digital content preparation.

Academic Year 2013-2014: The status level reported was established with a commitment to work on success indicators 5.4, 5.5, and 5.9.

Academic Year 2014-2015: The status level reported was established with a commitment to work on success indicators 5.1, 5.2, 5.6, 5.7, and 5.8.

Key Plans for Academic Year 2014-2015
- Success Indicator 5.4. Established and deployed accessible web training program for web developers and designers. Measurement: We measure our success by (1) the number of web editors who successfully complete web accessibility training each month, (2) gauging user feedback of the program, and (3) periodically reviewing the materials and methods used in training to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.
- Success Indicator 5.5. Established and deployed accessible web training program for web content contributors. Measurement: Similar to 5.4, we measure our success by (1) the number of web content contributors who successfully complete web accessibility training each month, (2) gauging user feedback of the program, and (3) periodically reviewing the materials and methods used in training...
to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.

- Success Indicator 5.7. Established and deployed accessible web training program for digital content: video publishers. **Measurement:** We measure our success by (1) establishing guidelines for publishing video content, (2) distributing the guidelines to all web editors and contributors, as well as publishing the guidelines online, and (3) incorporating the material into mandatory web training or provide stand-alone training for video publishing.

- Success Indicator 5.8. Established and deployed accessible web training program for digital content: audio publishers. **Measurement:** We measure our success by providing online tutorials and resources for publishing audio content to web editors and contributors, and distributing the material during web training sessions.

- Success Indicator 5.9. Training is offered on a regular schedule. **Measurement:** We measure our success by the number of sessions, both class and online, that are offered each month and the number of users that successfully complete the trainings. A schedule of trainings is posted online and past sessions are documented and archived. Additional unscheduled trainings are also offered upon demand.

**Key Accomplishments for Academic Year 2014-2015**

- Success Indicator 5.4. Established a standard and mandatory Section 508 training program and deployed to all campus web content editors and contributors. Course program material and a record of trained users are documented. Meetings between the IT Web team and the IT Trainer were held to review relevancy, efficacy, and business processes.

- Success Indicator 5.5. Established a standard and mandatory Section 508 training program and deployed to all campus web content editors and contributors. Course program material and a record of trained users are documented. Meetings between the IT Web team and the IT Trainer were held to review relevancy, efficacy, and business processes. Training program material is identical for both editors and contributors.

- Success Indicator 5.7. No change. Resources limited.

- Success Indicator 5.8. No change. Resources limited.

- Success Indicator 5.9. Section 508 training courses were offered on both a regular and on-demand basis. Training information and schedules are documented and made available online.

**Key Plans for Academic Year 2015-2016**

- Success Indicator 5.1. Assigned responsibility for the training process of web development and web application development to a body (person(s) or business entity). **Measurement:** We measure our success by ensuring that the training program is actively managed by the I.T. trainer and other support entities such as Instructional Media, and the Web Teams. Online training components will be periodically reviewed to ensure it is also being actively managed and updated.

- Success Indicator 5.2. Assigned responsibility for the training process of digital content development to a body (person(s) or business entity). **Measurement:** Similar to 5.1, we measure our success by ensuring that the digital content component of the training program is actively managed by the IT trainer and other support entities such as Instructional Media, and the Web Teams.

- Success Indicator 5.6. Established and deployed accessible web training program for digital content: (word processor produced, excel, PowerPoint, PDF) publishers. **Measurement:** Similar to 5.4, we measure our success by (1) the number of web content editors and contributors who successfully complete digital content accessibility training each month, (2) gauging user feedback of the
program, and (3) periodically reviewing the materials and methods used in training to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.

- **Success Indicator 5.7.** Established and deployed accessible web training program for digital content: video publishers. *Measurement:* We measure our success by (1) the number of web editors who successfully complete video publishing training each month, (2) gauging user feedback of the video training program, and (3) periodically reviewing the materials and methods used in training to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.

- **Success Indicator 5.8.** Established and deployed accessible web training program for digital content: audio publishers. *Measurement:* We measure our success by (1) the number of web editors who successfully complete audio publishing training each month, (2) gauging user feedback of the audio training program, and (3) periodically reviewing the materials and methods used in training to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.

**Key Plans for Academic Year 2016-2017**

- **Success Indicator 5.1.** Assigned responsibility for the training process of web development and web application development to a body (person(s) or business entity). *Measurement:* We measure our success by regularly auditing the training program to determine how effectively it is being managed by the IT training staff and other support entities. Various auxiliary components of training that is only offered online will be reviewed to determine if the material should be assigned to a trainer or be delivered by other methods.

- **Success Indicator 5.2.** Assigned responsibility for the training process of digital content development to a body (person(s) or business entity). *Measurement:* Similar to 5.1, we measure our success by regularly auditing the digital content component of the training program to determine how effectively it is being managed by the I.T. training staff and other support entities. Various auxiliary components of training that is only offered online will be reviewed to determine if the material should be assigned to a trainer or be delivered by other methods.

- **Success Indicator 5.3.** Established a web based repository for training materials that are available to members of the campus community. *Measurement:* We measure our success by (1) regularly auditing our online training materials and resources to ensure that it fully encompasses all areas of training, (2) gauging the effectiveness of the material through surveys and feedback mechanisms, and (3) incorporating the repository into training exercise to allow users to become familiar with its access and usage.

- **Success Indicator 5.8.** Established and deployed accessible web training program for digital content: audio publishers. *Measurement:* We measure our success by (1) the number of web editors who successfully complete audio publishing training each month, (2) gauging user feedback of the audio training program, and (3) periodically reviewing the materials and methods used in training to ensure relevancy and efficacy. User attendance, certifications, and feedback are documented and archived.

- **Success Indicator 5.11.** Documentation of the training sessions and attendance is archived and can be produced for inspection. *Measurement:* We measure our success by regularly auditing our training records to ensure they are current, accurate, and available online. Attendance of the various training components, online and classroom, are documented and archived.
Success Indicator 5.1. Assigned responsibility for the training process of web development and web application development to a body (person(s) or business entity).

Process: Our accessibility training is delivered by the Division of Information Technology’s Academic Technology team, IT Trainer, and IT Web Services team.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

Success Indicator 5.2. Assigned responsibility for the training process of digital content development to a body (person(s) or business entity).

Process: Our digital content development training is delivered by the Division of Information Technology’s Academic Technology team.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

Success Indicator 5.3. Established a web based repository for training materials that are available to members of the campus community.

Process: The IT Web Services website is the repository for training materials along with the free online web Accessibility courses available through lynda.com.

Measurement: We measure our success by the frequency of additional resource requests by our campus community.

Annual Reports: Academic Year 2013-2014: The status level reported was managed and started in 2008.

Academic Year 2014-2015: The status level reported was managed and started in 2008.

Success Indicator 5.4. Established and deployed accessible web training program for web developers and designers.

Process: This is accomplished through CM1 training, the monthly WAM Tech meetings, free online lynda.com web accessibility courses, and online training that will be required once it has been completely developed by the IT Trainer.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.
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Academic Year 2014-2015: The status level reported was established and started in 2008.

**Success Indicator 5.5.** Established and deployed accessible web training program for web content contributors.

**Process:** This is accomplished through CM1 training, the monthly WAM Tech meetings, free online lynda.com web accessibility courses, and online training that will be required once it has been completely developed by the IT Trainer.

**Measurement:** We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

**Success Indicator 5.6.** Established and deployed accessible web training program for digital content: (word processor produced, excel, PowerPoint, PDF) publishers.

**Process:** We offer accessibility training for creating accessible digital content which is offered through the Division of Information Technologies’ Academic Technology department. In that training we instruct the users to create the content to be accessible before publishing.

**Measurement:** We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 5.7.** Established and deployed accessible web training program for digital content: video publishers.

**Process:** We offer accessibility training for creating accessible digital content which is offered through the Division of Information Technologies’ Academic Technology department. In that training we instruct the users to create a script first and then create the video based on the script which can be supplied as the accessible transcript for the video, if needed.

**Measurement:** We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

**Annual Reports:** Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 5.8.** Established and deployed accessible web training program for digital content: audio publishers.

**Process:** We offer accessibility training for creating accessible digital content which is offered through the Division of Information Technologies’ Academic Technology department. In that training we instruct
the users to create a script first and then create the recording based on the script which can be supplied as the accessible transcript for the recording, if needed.

**Measurement:** We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

**Annual Reports:** Academic Year 2013-2014: The status level reported was initiated and started in 2013.

Academic Year 2014-2015: The status level reported was initiated and started in 2013.

**Success Indicator 5.9. Training is offered on a regular schedule.**

**Process:** We offer accessibility training multiple times throughout the semester.

**Measurement:** We measure our success by the quantity of scheduled and attended training sessions each semester.

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was established and started in 2009.

**Success Indicator 5.10. Established a procedure to ensure that campus members are aware of the training process and know who to contact for training assistance.**

**Process:** We communicate the Division of Information Technology’s Academic Technology and IT Training calendars and courses via email, on our training calendar, and on our IT Training website which may be found at: http://www4.csudh.edu/it/it-training

**Measurement:** We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

**Annual Reports:** Academic Year 2013-2014: The status level reported was managed and started in 2008.

Academic Year 2014-2015: The status level reported was managed and started in 2008.

**Success Indicator 5.11. Documentation of the training sessions and attendance is archived and can be produced for inspection.**

**Process:** The training materials are archived and available online and attendance lists are documented and may be produced upon request.

**Measurement:** We measure our success by the timeliness of request responses.

**Annual Reports:** Academic Year 2013-2014: The status level reported was established and started in 2012.

Academic Year 2014-2015: The status level reported was established and started in 2012.
Goal 6. In general the campus community is aware of Section 508 guidelines to make web based information available to everyone (students, staff, faculty & the general public) regardless of disability.

Academic Year 2013-2014: The status level reported was established.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 6.4, 6.5, and 6.6.

Key Plans for Academic Year 2014-2015

- Success Indicator 6.1. Assigned responsibility for the communication process to a body (person(s) or business entity). Measurement: We measure our success by (1) having a body (person(s) or business entity) in IT who is formally assigned and responsible for communicating Section 508 guidelines and university policy to students, staff, faculty and the general public. Documentation includes members, attendance, meetings, agenda and topics discussed.

- Success Indicator 6.4. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for new staff. Measurement: We measure our success by (1) gathering training agenda and documentation from trainer to document what is being covered in new employee orientation, (2) establish a method of gaining feedback from participants in new employee orientation to ensure effectiveness of training, and (3) documenting orientation schedule and number of staff reached per orientation.

- Success Indicator 6.5. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for students. Measurement: We measure our success by (1) gathering training agenda and documentation from trainer to document what is being covered in new student orientation, (2) establish a method of gaining feedback from participants in new student orientation to ensure effectiveness of training, and (3) documenting orientation schedule and number of students reached per orientation.

- Success Indicator 6.6. Documentation of the communication process is archived and can be produced for inspection. Measurement: We measure our success by (1) assigning a person or unit in IT with the task of compiling communications documentation, (2) developing a process for documenting the Section 508 communications, (2) and beginning to archive the communications documentation so that it can be produced for inspection.

Key Accomplishments for Academic Year 2014-2015

- Success Indicator 6.1. Responsibility for the communication process was assigned to the IT Web team, the WAM Tech group, the Web Presence Committee, and the IT Training team. Each group is responsible for establishing communication channels to staff, faculty, students, executives, and web users. Meeting schedules, agendas, minutes, and attendance are documented.

- Success Indicator 6.4. Common practices have been adopted to incorporate electronic content Section 508 guidelines into new staff, faculty, and student orientations through Academic Affairs, IT, DSS, and the Academic Technology department. Additional management of this program has been limited due to staffing resources.

- Success Indicator 6.5. Common practices have been adopted to incorporate electronic content Section 508 guidelines into new staff, faculty, and student orientations through Academic Affairs, IT, DSS, and the Academic Technology department. Additional management of this program has been limited due to staffing resources.
- Success Indicator 6.6. Documentation for Section 508 training and awareness is archived. Communication meeting agenda and attendees are recorded. The training process is documented and attendance are also recorded.

Key Plans for Academic Year 2015-2016
- Success Indicator 6.4. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for new staff. Measurement: We measure our success by (1) compiling and analyzing feedback from staff participants in new employee orientations to ensure effectiveness of training, and (2) refining the training based on feedback.
- Success Indicator 6.5. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for students. Measurement: We measure our success by (1) compiling and analyzing feedback from student participants in new student orientations to ensure effectiveness of training, and (2) refining the training based on feedback.
- Success Indicator 6.6. Documentation of the communication process is archived and can be produced for inspection. Measurement: We measure our success by (1) having a consistent, formal practice for documenting our communications and training about Section 508 guidelines, and (2) consistently archiving our documentation Section 508 training and communications, and being able to readily produce documentation for inspection.

Key Plans for Academic Year 2016-2017
- Success Indicator 6.2. Established an ongoing general campus communication that promotes web accessibility awareness. Measurement: We measure our success by (1) having developed a comprehensive campus communications plan that promotes web accessibility awareness, (2) documenting communications and training that take place under plan, (3) establishing a method of feedback for refining communications.
- Success Indicator 6.3. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for new faculty. Measurement: We measure our success by (1) compiling and analyzing feedback from faculty participants in new faculty orientations to ensure effectiveness of training, and (2) refining the training based on feedback.
- Success Indicator 6.6. Documentation of the communication process is archived and can be produced for inspection. Measurement: We measure our success by (1) tracking and capturing milestones in our communications and training about Section 508 guidelines, and (2) consistently documenting Section 508 training and communications, and being able to readily produce documentation for inspection and analysis.

Success Indicator 6.1. Assigned responsibility for the communication process to a body (person(s) or business entity).
Process: The IT Web Services team, the WAM Tech group, and Disabled Student Services are assigned the communication of web related accessibility to the campus community.
Measurement: We measure our success by the quantity of communications sent and the subsequent questions and feedback by our users.
Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.
Success Indicator 6.2. Established an ongoing general campus communication that promotes web accessibility awareness.

Process: The IT Web Services team, the WAM Tech group, and Disabled Student Services (DSS) are assigned the communication of web related accessibility to the campus community with DSS being the group that maintains the ongoing campus awareness campaign.

Measurement: We measure our success by the quantity of communications sent and the subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2008.

Academic Year 2014-2015: The status level reported was established and started in 2008.

Success Indicator 6.3. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for new faculty.

Process: The Division of Information Technology’s Academic Technology team incorporates electronic content Section 508 guidelines in the New Faculty Orientation training.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was established and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

Success Indicator 6.4. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for new staff.

Process: The IT Trainer will be incorporating electronic content Section 508 guidelines in the New Staff Orientation training and promoting her training sessions at the same time.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.

Annual Reports: Academic Year 2013-2014: The status level reported was defined and started in 2008.

Academic Year 2014-2015: The status level reported was defined and started in 2008.

Success Indicator 6.5. Established a procedure that incorporates electronic content Section 508 guidelines into the orientation process for students.

Process: Disabled Student Services will be incorporating electronic content Section 508 guidelines in the New Student Orientation training.

Measurement: We measure our success by the level of understanding at the end of the training sessions and subsequent questions and feedback by our users.
Annual Reports:  Academic Year 2013-2014: The status level reported was defined and started in 2009.

Academic Year 2014-2015: The status level reported was defined and started in 2009.

**Success Indicator 6.6.** Documentation of the communication process is archived and can be produced for inspection.

**Process:** The communication process will be formally documented, archived, and available upon request.

**Measurement:** We measure our success by the timeliness of request responses.

Annual Reports:  Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.

**Goal 7.** Campus governance entities are aware of and kept informed about web accessibility.

Academic Year 2013-2014: The status level reported was defined.

Academic Year 2014-2015: The status level reported was defined with a commitment to work on success indicators 7.1, 7.2, 7.3, and 7.4

**Key Plans for Academic Year 2014-2015**

- **Success Indicator 7.1.** Developed and published a Web Accessibility Plan. **Measurement:** We measure our success by (1) ATI committee will update, revise, and refine existing Web Accessibility Plan, and (2) publish Plan on the campus website.

- **Success Indicator 7.2.** Established a procedure to update and revise the Web Accessibility Plan as necessary. **Measurement:** We measure our success by (1) establishing a schedule for reviewing and updating the Web Accessibility Plan on an annual basis, and (2) publishing updated plan on the campus website.

- **Success Indicator 7.3.** Established metrics for each of the Web Accessibility Plan areas (evaluation, monitoring, new development, exemptions & alternatives, training, and communication). **Measurement:** We measure our success by (1) identifying person, unit or committee responsible for reviewing each of the Web Accessibility Plan areas and establishing metrics for each, and (2) establishing a schedule for review of Plan.

- **Success Indicator 7.4.** Established a procedure to document the results of the metrics as applied to the web plan areas and to distribute those results to campus governance entities. **Measurement:** We measure our success by (1) determining how results of metrics for each of the Web Accessibility Plan areas will be documented, and (2) which campus governance entities should receive results.

**Key Accomplishments for Academic Year 2014-2015**

- **Success Indicator 7.1.** The responsibility to develop and publish the Web Accessibility Plan was assigned to the campus ATI committee. Teams were assigned to review and update their respective sections of the plan. The updated plan was published to the campus website and distributed to governance entities.
• Success Indicator 7.2. The ATI committee met regularly to review and revise the campus Web Accessibility Plan. ATI Committee meeting schedules, agendas, and attendance were documented.

• Success Indicator 7.3. Metrics for each of the Web Accessibility Plan areas are defined by status levels for procedures, documentation, and resources as defined by the CSU ATI. The campus ATI committee met regularly to review and update these metrics for the current and upcoming academic years.

• Success Indicator 7.4. The responsibility for determining current status levels and key future plans for each area was assigned to teams within the campus ATI committee. Each team documented the status and goals for their areas. The updated plan was published to the campus website and distributed to governance entities.

Key Plans for Academic Year 2015-2016

• Success Indicator 7.1. Developed and published a Web Accessibility Plan. Measurement: We measure our success by (1) ATI committee will update, revise, and refine existing Web Accessibility Plan based on feedback and success indicators, and (2) publish revised Plan on the campus website.

• Success Indicator 7.2. Established a procedure to update and revise the Web Accessibility Plan as necessary. Measurement: We measure our success by (1) ATI committee will have an established schedule for revising and updating the Plan, and (2) conducts regular, scheduled review of Plan.

• Success Indicator 7.3. Established metrics for each of the Web Accessibility Plan areas (evaluation, monitoring, new development, exemptions & alternatives, training, and communication). Measurement: We measure our success by (1) having a formal process in place for reviewing each of the Web Accessibility Plan areas and gathering metrics for each, and (2) beginning to conduct scheduled reviews of those areas.

• Success Indicator 7.4. Established a procedure to document the results of the metrics as applied to the web plan areas and to distribute those results to campus governance entities. Measurement: We measure our success by (1) beginning to document the results of metrics for each of the Web Accessibility Plan areas, and (2) establishing a process for distributing results to campus governance entities.

Key Plans for Academic Year 2016-2017

• Success Indicator 7.1. Developed and published a Web Accessibility Plan. Measurement: We measure our success by (1) ATI committee will conduct regular reviews of Web Accessibility Plan goals, feedback and success indicators, (2) and will update, revise, and refine existing Web Accessibility Plan based on goals, feedback and success indicators, and (2) publish revised Plan on the campus website.

• Success Indicator 7.2. Established a procedure to update and revise the Web Accessibility Plan as necessary. Measurement: We measure our success by (1) ATI committee will have an established schedule to review and update the Plan, and (2) periodically review resource allocations for Plan.

• Success Indicator 7.3. Established metrics for each of the Web Accessibility Plan areas (evaluation, monitoring, new development, exemptions & alternatives, training, and communication). Measurement: We measure our success by (1) having a formal process in place for reviewing each of the Web Accessibility Plan areas and gathering metrics for each, and (2) conducting regularly scheduled reviews of those areas.
Success Indicator 7.1. Developed and published a Web Accessibility Plan.

**Process:** We are currently in the process of developing and publishing a Web Accessibility Plan, which will replace the previously published plan.

**Measurement:** We will measure our success by the timeliness in which the new plan is published online.

**Annual Reports:**
- **Academic Year 2013-2014:** The status level reported was defined and started in 2009.
- **Academic Year 2014-2015:** The status level reported was defined and started in 2009.

Success Indicator 7.2. Established a procedure to update and revise the Web Accessibility Plan as necessary.

**Process:** We have established a procedure to update the Web Accessibility Plan annually through the work of the ATI Steering Committee.

**Measurement:** We will measure our success by the timeliness in which the updated plan is published online.

**Annual Reports:**
- **Academic Year 2013-2014:** The status level reported was defined and started in 2009.
- **Academic Year 2014-2015:** The status level reported was defined and started in 2009.

Success Indicator 7.3. Established metrics for each of the Web Accessibility Plan areas (evaluation, monitoring, new development, exemptions & alternatives, training, and communication).

**Process:** The ATI Steering Committee in conjunction with the Web Presence Committee is in the process of developing metrics for the Web Accessibility Plan areas in which we will tailor our measurements of success to.

**Measurement:** We will measure our success by the timeliness in which the metrics are developed and published.

**Annual Reports:**
- **Academic Year 2013-2014:** The status level reported was initiated and started in 2008.
- **Academic Year 2014-2015:** The status level reported was initiated and started in 2008.

Success Indicator 7.4. Established a procedure to document the results of the metrics as applied to the web plan areas and to distribute those results to campus governance entities.

**Process:** The results of the metrics and the ATI Annual Report will be made available to the ATI Steering Committee and Web Presence Committee.

**Measurement:** We will measure our success by the timeliness in which the metrics are made available to the governing bodies.
Annual Reports: Academic Year 2013-2014: The status level reported was initiated and started in 2009.

Academic Year 2014-2015: The status level reported was initiated and started in 2009.
### Appendix

A. Status Levels (Highlights reflect some areas of change needed to move from one level to the next.)

<table>
<thead>
<tr>
<th>Status Levels</th>
<th>Description for Procedures</th>
<th>Description for Documentation</th>
<th>Description for Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Not Started</strong></td>
<td>No action has been taken yet.</td>
<td>No documentation has yet been generated.</td>
<td>No resources have yet been allocated.</td>
</tr>
<tr>
<td><strong>Initiated</strong></td>
<td>The campus has an ad hoc or developing practice. Procedures, if in place, are generally ad hoc.</td>
<td>Documentation is generally absent.</td>
<td>Resources have been tentatively identified but not yet allocated.</td>
</tr>
<tr>
<td><strong>Defined</strong></td>
<td>The campus has a common practice. Procedures, if in place, are consistent but informal.</td>
<td>Documentation, if present, is in working draft.</td>
<td>Resources have been firmly identified but not yet allocated.</td>
</tr>
<tr>
<td><strong>Established</strong></td>
<td>The campus has a standard practice. Procedures are consistent and formal.</td>
<td>Documentation is complete and fully reflects the standard practice.</td>
<td>Resources have been both identified and allocated.</td>
</tr>
<tr>
<td><strong>Managed</strong></td>
<td>The campus has a mature practice. Procedures are also in place to track and capture success indicators (milestones and measures of success).</td>
<td>Documentation is complete and fully reflects the standard practice.</td>
<td>Resources have been both identified and allocated.</td>
</tr>
<tr>
<td><strong>Optimized</strong></td>
<td>The campus has a mature practice. In addition, procedures are in place to conduct regular administrative reviews of success indicators to gauge effectiveness and implement improvements.</td>
<td>Documentation is continually revised to reflect the managed practice. Periodic administrative review of documentation is conducted.</td>
<td>Resources have been both identified and allocated; Periodic administrative review of resource allocations is conducted.</td>
</tr>
</tbody>
</table>
Date: October 22, 2014

To: All department Chairs, Chairs of College Curriculum Committees, and Instructional Deans

From: Catherine H. Jacobs, Chair, University Curriculum Committee

The University Curriculum Committee will be looking closely at classes coming before it for approval, particularly online and hybrid proposals, to make sure that they meet standards for two features:

• **Number of hours spent on instructional activities.** U.S. Department of Education and in turn WASC defines credit hour as one hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester credit unit. Therefore, a total of 45 instructional hours for a three-unit semester course is required. Simply having students read materials and take a unit quiz for a week’s activity does not meet this requirement. There is also the expectation that students will spend approximately two hours of preparation for each instructional hour. We will be looking at courses to ensure that they meet the minimal instructional hours standard for each credit unit (reference the course classification categories), and asking the same question that WASC would, “Does the course material show that students are doing the equivalent amount of work to the prescribed hours to warrant the credit awarded?” Attached is a document showing sample equivalencies of activities for online courses.

• **Accessibility issues for students with disabilities.** The ADA (and concern for our students) requires that materials used in courses are accessible to all students. This will include closed-captioning of all films, video, and YouTube postings. Blackboard has features that allow students with visual impairments including blindness to access most online activities. In addition, if you are using PowerPoint presentations, scanning documents, or other faculty-prepared class materials for posting online, you should make sure that the text and pictures, illustrations, etc. are in accessible formats. There is a link on the right hand side of the opening page of Blackboard that can give tools for providing accessibility.

Please make sure that any proposals forwarded to UCC have been cleared for these concerns. Otherwise, the proposals will be sent back for revisions to make sure they comply.

Thank you for your attention to this.

Catherine H. Jacobs

Chair, UCC
### Sample E&IT Procurement Checklist

**Appendix F**

#### Sample E&IT Procurement Checklist

**for Section 508 Compliance**

<table>
<thead>
<tr>
<th>Requestor</th>
<th>Requisition Number</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Department/Unit</th>
<th>E&amp;IT Officer Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Description</th>
<th>(include purpose)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Users</th>
<th>(who will be using &amp; % of total for each type of users: students, employees, public)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Usage</th>
<th>(how will the product be used)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Cost</th>
<th>(estimate the amount of this acquisition)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Pre-Award Action for E&IT Procurements

- **General Exemptions to Section 508**
  - Only E&IT Officer can authorize an exemption
  - Back-Office (includes mostly data centers and common closets type equipment)
  - Fundamental Alteration (e.g., cell phones, PDAs, pagers, hand-held devices)

- **Subparts and Categories for Section 508 Compliance**
  - Subpart B: Technical categories of standards (may require more than one)
    - Software applications and operating systems (36 CFR part 1194.21)
    - Web-based internet and intranet information and applications (36 CFR part 1194.22)
    - Telecommunication products (36 CFR part 1194.23)
      - (phone systems, voice mail systems)
    - Video and multimedia products (36 CFR part 1194.24)
      - (video, TV tuners & displays)
    - Self-contained, closed products (36 CFR part 1194.25)
      - (printers, fax machines, kiosks, ITMs)
    - Desktop and portable computers (36 CFR part 1194.26)

- **Subpart C**: Functional performance criteria
- **Subpart D**: Information, documentation, and support documentation (always required)

### Market Analysis for Section 508 Compliance

- All products that meet the functional requirements are 508 conformant
- One product meets more 508 standards than the others (attach supporting analysis)
- Product previously purchased and is still conformant (e.g., desktop computer contract)
- Only one product meets functional specifications (e.g., sole source/attach justification)

**Note**: For an EIT procurement to be awarded, it must have a completed procurement checklist and the vendor supplied VPAT. This includes sole source procurements. Exempt and previously purchased products only require a procurement checklist.

**Requestor**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature required to certify accuracy and completeness of the checklist and Section 508 compliance.

**E&IT Officer**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

12/09/2014
D. E&IT Pre-Purchase Information

Purpose of Conducting Research
In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (EIT) products and services that it buys, creates, uses and maintains. It is the university’s responsibility to obtain the most accessible product that meets the business needs.

Instructions
1. Campuses may alter the bolded areas in brackets ([ ]) to reflect the titles of the responsible persons on their campus.
2. The requesting department is responsible for completing the requester information and the product/service information sections.
3. The Campus ATI Designee or other designee will review the form, and record their recommendation back to the requester.

Resource
1. CSU ATI Prioritization Framework
2. Section 508

See next page.
### EIT Pre-Purchase Information

#### Campus EIT Tracking Number

*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 EIT Review document for this purchase.*

#### Section 1: Requester Information/Transaction Type

<table>
<thead>
<tr>
<th>Purchase Requester Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Department/Division</td>
<td></td>
</tr>
<tr>
<td>Date Completed</td>
<td></td>
</tr>
</tbody>
</table>

#### Transaction Type

<table>
<thead>
<tr>
<th>Transaction type</th>
<th>Yes, No, N/A</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>This product/service will be put on a Procurement Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The product/service acquired for free or gift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The product/service will be procured through</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product previously purchased *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*It is recommended that campuses have a tracking method in place.*

#### Section 2: Functional/Performance/Impact

**What does this product/service do, and how will it be used?**

Provide a brief description (at least 2 complete sentences)

**Where will this product/service primarily be used? (answer all below)**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Yes/No/NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Workstations (note quantity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All employees in a Department, College or Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Lab(s) (list specific lab)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom(s) (quantity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Facing (elaborate in comments)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See next page.
Who will be using the product/service? (please consider the following)

<table>
<thead>
<tr>
<th>Group</th>
<th>Estimated # of users (list 0 if none or N/A)</th>
<th>User Type (End user/Admin User)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty (note if research or course development)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Public/Visitors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, as amended, require the CSU to purchase the most accessible product that meets the purchaser’s/institution’s business and functional requirements.

List products reviewed as part of the selection process for this purchase.

1.  
2.  
3.  

Section 3: Product Chosen

<table>
<thead>
<tr>
<th>Product/Service Name</th>
<th>Version Number</th>
<th>Vendor/Developer Name</th>
</tr>
</thead>
</table>

VPAT (or Section 508 Acknowledgement and or other accessibility documentation) attached. If not, state why:

For previously purchased: Does the Product/Service have any new features or functions?

Is the VPAT current to the most recent contract and product version?

Based on the above market research, provide a brief summary (least 3 complete sentences) of how this product best meets your needs as compared to other available products/services.
E. Equally Effective Alternate Access Plan (EEAAP) Form

**Purpose of the Equally Effective Alternate Access Plan**

In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (EIT) products and services that it buys, creates, uses and maintains. When systems, software or processes do not meet requirements of Section 508, an alternative access plan must be developed to address the accessibility issue. This form is used to describe the alternative access plan. Plan approval from the [Campus executive responsible for EIT approvals vary from campus to campus] is required before the procurement can commence.

**Instructions**

1. Campuses may alter the bolded areas in brackets ([ ]) to reflect the titles of the responsible persons on their campus.
2. The requesting department is responsible for completing sections 1 through 3 below.
3. The requesting department must obtain the appropriate administrative approval in section 4 and forward the signed form to the ATI Procurement Specialist to be reviewed by the ATI Exclusions Committee.
4. The EEAAP approval Committee will either a) approve the form and return it to the requesting department for processing or b) return the form unsigned. An unsigned form indicates the plan is not approved and must be revised for compliance to Section 508.
5. The [Campus executive] or designee is responsible for forwarding the approved original document along with all associated EIT procurement documents to the Procurement Office, providing copies to those individuals identified in section 3, number 3 (Responsible Person(s)) and maintaining a master archive of all EEAAP. Additional copies can be provided upon request based on need-to-know.

**Section 1. Plan Creator Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department</th>
<th>College/Division</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Extension</th>
<th>Office Location</th>
<th>Mail Code</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2. Description of the Affected System, Software, Process, or Other EIT Purchase**

<table>
<thead>
<tr>
<th>Affected product is:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Purpose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

Section 3. How will “Equally Effective Alternate Access” be provided?

1. Description of the issue:
   Describe specifically what part of the system, software, or
   process is a known accessibility issue and is not accessible per
   Section 508 and the CSU ATI standards. Further information on
   Section 508 and ATI standards can be found at CSU Accessible
   Electronics and Information Technology (AEIT) Procurement.

2. Persons or groups affected:
   List the person(s) or group(s) who may be affected by this issue,
   including the total number of affected persons. Groups may be
   specific (e.g., IT employees, Engineering students, etc.) or general
   (e.g., general public, visitors, students only, CSU employees, etc.)

3. Responsible person(s):
   List the name(s) and titles of the campus employee(s) who will be
   responsible for providing equally effective alternate access for the
   specified known accessibility issue as described in Number 4.

4. How will EEA be provided:
   Describe in detail how the responsible department(s)/person(s)
   will provide equally effective alternate access will be communicated and what will
   be provided. For example, “To access room availables, visitors can
   go to a different webpage that contains the same information.”
   Attach a separate sheet — see EEAP attachment below

5. EEPA Resources Required:
   List any resources required (including training, equipment, additional
   staff, etc.) to provide equally effective alternate access for the known
   issue.

6. Repair Information:
   Include the following information in this section:
   a. Provide a brief description of the issue, repair of the issue by the vendor/Third Party Service Provider.
   b. Provide a timeline for the completion of the repair.

7. Timeline for Unforeseen Events:
   A timeline to plan, create, implement, and follow up on plans for
   accommodation for access concerns/activities that are beyond campus
   policy and/or outside of the realm of the questions above.

Administrative Approvals
By signing this request, you affirm that the plan has been reviewed and is an acceptable solution that meets California Government Code 11135, Section
508, and CSU ATI compliance requirements.

| Department Chair/Manager [or other responsible campus member] | Date: |
| Dean/Division Vice President [or other responsible campus executive] | Date: |

EEAAP Approval

[ Campus executive responsible for EEAP approvals vary from campus to campus]

EEAAP attachment

4. How will EEAA be provided: (continue from item 4 in section 3)
F. CSU ATI Prioritization Framework

Introduction

The ATI recognizes the importance of focusing finite resources on ATI-related activities with the greatest potential impact to the CSU community. ATI Coded Memorandum AA-2010-13 states that “Resources for ATI implementation should be utilized based on priorities, with the greatest attention given to objectives with the highest impact.”

The ATI has therefore developed a framework that campuses may use to prioritize activities associated with Success Indicators in their campus plans. The intent of this framework is to promote a consistent approach to prioritizing activities and to encourage effective documentation of these activities. It may also be useful in prioritizing adoptions of technology products/services on which the campus focuses resources. Campuses are encouraged to adapt this framework as necessary to meet their specific prioritization needs.

This document describes the framework and provides instructions for effectively implementing it on campuses.

The ATI framework involves a 5-step approach:

- **Step 1—Assess Risk Factors** (consider 2 key factors below):
  - Impact (the consequences for persons with disabilities and the campus) and
  - Probability (the likelihood that these consequences will occur)
- **Step 2—Assign a Risk Level** (quantify the risk associated with these consequences)
- **Step 3—Determine Campus Capacity** (consider whether the institution has sufficient resources to address these consequences)
- **Step 4—Set a Priority Level** (determine the institutional response to these consequences)
- **Step 5—Document the Campus Response**

More details regarding how to implement this framework are provided below.

**Step 1: Assess Risk Factors**

**Instructions**

Complete the questions provided in the Impact and Probability sections below.

**Impact**

Several factors contribute to assessing the impact of ATI activities. Each of these factors is outlined below along with sample questions for gauging the relevance of that factor.

**Will there be a barrier?**

- If this activity or process is not implemented, will persons with disabilities be denied access to a university program or service?
- If this activity or process is not implemented, will persons with disabilities receive erroneous, incomplete, or untimely information?

**Is it a critical barrier?**

- Does this activity or process relate to an essential academic or administrative function?
CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

- Does the lack of this process or activity contribute to ineffective operations (i.e. would the cost/complexity of providing accommodations be burdensome or disruptive)?

What are the risks associated with the barrier?
- Does the lack of this process or activity increase the risk of financial loss or exposure?
- Has the institution received complaints from persons with disabilities due to lack of this process?

Are there workarounds for the barrier until resolved?
- Are there accessible, alternative processes or workarounds to provide the related academic or administrative function?

Probability
- How many people would be impacted by the lack of this activity or process?
- Would members of the public be impacted by the lack of this activity or process?
- Will the lack of this process or activity create barriers that reoccur or persist over time?
- Is the lack of this process or activity likely to impact programs or services with a primary audience of persons with disabilities?

Step 2: Assign a Risk Level

Instructions
First, determine a Risk Level (high/medium/low) for each of the Impact and Probability factors.

1. Compare your answers from the impact and probability questions above to the expected outcomes in the risk assessment framework table below.
2. Select a risk level which best corresponds to your answers.

Next, assign an overall Risk Level (high/medium/low) that incorporates both Impact and Probability levels. The overall risk assessment chart below illustrates the following points:
- A Risk Level of high should be assigned to projects in which both impact and probability factors are rated high
- A Risk Level of medium should be assigned to projects in which one factor is rated high and the other rated low
- A Risk Level of high should be assigned to projects in which both impact and probability factors are rated low

Risk Assessment Framework

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>Denies access to a program/service</td>
<td>Limits access to a program/service</td>
<td>Does not limit access to a program/service</td>
</tr>
<tr>
<td></td>
<td>Impacts a critical program/service</td>
<td>Impacts an important but non-critical program/service</td>
<td>Impacts an optional program/service</td>
</tr>
<tr>
<td></td>
<td>Creates high accommodation costs</td>
<td>Creates moderate accommodation costs</td>
<td>Creates little or no accommodation costs</td>
</tr>
<tr>
<td></td>
<td>Creates significant legal exposure</td>
<td>Creates moderate legal exposure</td>
<td>Creates little or no legal exposure</td>
</tr>
<tr>
<td></td>
<td>No available workarounds</td>
<td>Workarounds for some functions</td>
<td>Workarounds for all functions</td>
</tr>
</tbody>
</table>

V1.0—2012-05-17
Step 4: Set a Priority Level

Use the Risk Level, campus Capacity Level, and other relevant campus data (e.g. the timeline for a planned product upgrade) to determine how to prioritize ATI activities. A sample implementation of how to apply this framework to Success Indicators in the Campus Plan is provided in the table below.

Sample Implementation

<table>
<thead>
<tr>
<th>Success Indicator</th>
<th>Impact</th>
<th>Probability</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus has screened its LMS to determine whether it conforms to Section 508 standards...</td>
<td>High (precludes curricular participation, requires expensive accommodations)</td>
<td>High (large audience, used repeatedly)</td>
<td>Medium (campus has current VPATs and other accessibility docs but is unable to conduct formal testing)</td>
</tr>
<tr>
<td>Established a process to perform regularly scheduled accessibility audits</td>
<td>Medium (campus-wide) or High (high-impact sites only)</td>
<td>Medium (campus-wide) or High (high-impact sites only)</td>
<td>Medium (campus has implemented HiSoftware instance, but not all sites have been added to site inventory)</td>
</tr>
</tbody>
</table>

For example, conducting an accessibility screening of the campus LMS, while involving high impact and Probability, might not be prioritized highly if a major product update is imminent that would invalidate the benefits of conducting the screening at this point in time.

Step 5: Document the Campus Response

Enter the Priority Level selected in Step 4 above into the ‘Priority Level’ column for the appropriate Success Indicator on the Campus Plan. Next document the anticipated campus response in 1 or more of the following ways:

- Indicate in the ‘Leverage ATI Project’ column that the campus will utilize an ATI shared project to address the Success Indicator
- Indicate in the ‘Include in 2012 Task Dashboard’ column that the campus will utilize a campus project to address the Success Indicator
- Indicate in the ‘Hold’ column that the campus does not yet have sufficient resources to address the Success Indicator. Consider the identified risks for a Success Indicator that has been placed on hold and, where appropriate, document the reasons for placing it on hold in the ‘Notes’ column.

Campuses should update this information, as appropriate, to reflect changes to the activity status over time.

The ATI welcomes feedback on this document at ati@calstate.edu.
Step 3: Determine Campus Capacity Level

**Instructions**
First, complete the questions provided below:

- Does the institution have personnel with sufficient technical knowledge to address accessibility gaps?
- Does the institution have personnel with appropriate tools (software/hardware) to address accessibility gaps?
- Does the institution have sufficient financial resources to address accessibility gaps?

Next, determine your campus Capacity Level by assessing the sufficiency of available resources. Select a Capacity Level that most closely corresponds to the answers to the questions above. A description of the 3 possible Capacity Levels is provided in the table below.

<table>
<thead>
<tr>
<th>Capacity Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Institution has sufficient resources (knowledge, tools, and funds) to address all issues</td>
</tr>
<tr>
<td>Medium</td>
<td>Institution has sufficient resources (knowledge, tools, and funds) to address some of the issues</td>
</tr>
<tr>
<td>Low</td>
<td>Institution has sufficient resources (knowledge, tools, and funds) to address few (or none) of the issues</td>
</tr>
</tbody>
</table>
Information to Vendors

CSU Accessibility Requirement

California Government Code 11135 requires the CSU to comply with Section 508 of the Rehabilitation Act of 1973, as amended, and to apply the accessibility standards published by the U.S. Access Board for electronic and information technology (E&IT) products and services that it buys, creates, uses and maintains.

E&IT is information technology (IT) and any equipment or interconnected system or subsystem of equipment that is used in the creation, conversion, or duplication of data or information. E&IT includes:

- telecommunication products, such as telephones;
- information kiosks;
- transaction machines;
- World Wide Web sites;
- Software and Operating Systems
- Computers
- multimedia (including videotapes); and
- office equipment, such as copiers and fax machines.

E&IT is defined by the Access Board at 36 CFR 1194.4 and in the FAR at 2.101

The CSU procurement and contract process for E&IT acquisition is amended to include the Electronic and Information Technology Accessibility Standards at 36 CFR Part 1194. Vendors who wish to do business with the CSU must provide information about their product’s conformance to applicable accessibility standards via the Section 508 Evaluation Template also known as the Voluntary Product Accessibility Template (VPAT). The CSU Guide to Voluntary Product Accessibility Template and the templates themselves are available to assist vendors in this process. http://www.calstate.edu/Accessibility/EIT_Procurement

Completion and submission of the VPAT is a requirement for CSU contracts for products and services where electronic and information technology is involved. Proposals or bids without a completed VPAT may be disqualified from the competition.