# Alternate Access Plan

## Purpose of the Alternate Access Plan

In compliance with Section 504 of the Rehabilitation Act of 1973 and ADA as amended in 2008, the TBR shall apply THEC’s identified accessibility guidelines to Informational Materials and Technology products and services that it adopts, buys, creates, uses and maintains. When informational materials and technologies do not conform to those guidelines, an alternative access plan will be developed to address the accessibility. This form is used to describe the alternate access plan.

## Instructions

1. Alter the bolded areas in brackets ([ ]) to reflect the titles of the responsible persons for this plan.
2. The requesting department Accessibility Liaison/Accessibility Team is responsible for completing sections 1 through 3 below.
3. The requesting department will obtain the appropriate administrative approvals in section 4.
4. The appropriate administratorwill 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 to meet accessibility standards.
5. The **[department executive administrator]** or designee is responsible for returning the approved original document along with all associated AIMT adoption/procurement documents to the department Accessibility Liaison upon signature. The liaison will provide copies to those individuals identified in section 3, number 3 (Responsible Person(s) and upload all AAP documentation to the AIMT Web Form.

## Section 1. Plan Creator Information

| NameMarisa Miller |  TitleProgram Director/Associate Professor  | UnitHealth Programs | Date11-6-23 |
| --- | --- | --- | --- |
| Office Phone423-318-2722 | Office LocationTech 242 | Postal37813 |  |

## Section 2. Description of the Affected Informational Material and Technology Purchase

| Affected product is a: | American Physical Therapy Association Clinical Performance Instrument  |
| --- | --- |
| Product Name: | Competency.AI |
| Product Description: | Used to assess student performance during all program clinical rotations. |
| Product Purpose: | Used to assess student performance during all program clinical rotations. |

## Section 3. How will “Alternate Access” (AA) be provided?

| 1. **Description of the issue:**

Summarize what part of the informational material/technology has an accessibility issue and is not accessible per AIMT guidelines.  | Video and audio playback are not currently supportedKeyboard only inputImages lack text description  |
| --- | --- |
| 1. **Persons or groups affected:**

List the person(s) or groups who may/will be affected by this issue, including the total number of affected persons. (general public, visitors, students only, employees, etc.). | Students (up to 22)Clinical Faculty (up to 22) |
| 1. **Responsible person(s):**

List the name(s) and titles of the employee(s) who will be responsible for implementing equally effective alternate access for the specified accessibility issue as described in Number 1. | Marisa Miller- accessibility issues that arise with the softwareTye Ponder- accessibility issues that arise with the softwareAmy Jackson- individual accommodation requirements and needs unique to the students with Accommodation Plans. |
| 1. **How will AA be provided:**

Describe in detail how the responsible unit(s)/person(s) equally effective alternate access will be communicated and what will be provided. Attach a separate sheet – see AAP attachment below and the Accessibility Conformance and Remediation Form. | Alternate Access will be provided should issues arise and will be addressed on an as-needed basis |
| 1. **AA Resources Required:**

List any resources required (including training, equipment, additional staff, etc.) to provide alternate access for the known issue.  | Training from APTA CPI department for students and faculty.  |
| 1. **Repair Information:**

Include the following information in this section:1. Provide a brief description or any relevant information regarding repair of the issue by the vendor or Third Party Service Provider, as well as the completion date. Attach applicable documentation and the Accessibility Conformance and Remediation Form.
 | Vendor to update and repair as scheduled.  |
| 1. **Timeline for Unforeseen events:**

A timeline to plan create, implement, and follow up on plans for accommodation for access concerns/issues that are beyond the accessible procurement process and/or outside of the realm of the questions above. | When students use Competency.AI software: 1. Will complete required training on software2. Will be provided with contact info for CPI toolIssues will be addressed as they arise. |

## Section 4. Administrative AAP Approvals

*By signing this request, you affirm that the plan has been reviewed and is an acceptable solution that meets TBR AIMT Accessibility Guidelines.*

| Department Head **[or other responsible party]** | Marisa Miller | Date: 11-6-23 |
| --- | --- | --- |
| Executive **[or other responsible executive]** | Sheila Williams | Date: 11-6-23 |

## AAP attachment

**4. How will AA be provided: (continue from item 4 in section 3)**

A completed CNR form was completed by the vendor and submitted by Marisa Miller on 11-6-23