# Appendix A

# Form to Determine Applicable Accessibility Standards for District Facilities

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| **Name of Building** | **Date Built or Last Date of Renovations/Alterations** | **Accessibility Standard (*To be Completed by KSDE Staff*)** | **Programs/Pathways Located in the Building** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |