University of Oregon Equally Effective Alternative Access Plan (EEAAP)

Rev 2023-11-03a

# Purpose

The University of Oregon is committed to providing accessible digital content and information and communication technologies that can be fully used by people with disabilities, in accordance with its [ICT Accessibility](https://digitalaccessibility.uoregon.edu/policy) Policy, federal law, and its commitment to civil rights and equity. These requirements apply to all digital products, services, and content that the university procures, creates, and uses to deliver its programs and services. In some cases, there may be a need to procure or use a product or service that does not currently meet the University's digital accessibility requirements on its own. To qualify for a temporary exemption, a product or service must meet the criteria outlined in the ICT Accessibility [Policy](https://digitalaccessibility.uoregon.edu/policy) and [Procedure](https://digitalaccessibility.uoregon.edu/procedure), and an Equally Effective Alternative Access Plan (EEAAP) must be approved.

*Note: EEAAPs do not replace all potential accommodations that may be needed by individuals. For questions about employee accommodations contact the* *Human Resources Accommodations Coordinator* *and for questions about student accommodations contact the* *Accessible Education Center**.*

# Instructions

1. You'll receive a custom EEAAP form from the Digital Accessibility Architect (DAA)
	* If an EEAAP is needed (e.g., for procurement approval), the [DAA](https://digitalaccessibility.uoregon.edu/staff) will send you a copy of this form with Section 1 already filled in. Do not fill out this form if Section 1 is blank.
2. Fill it out completely
	* You are responsible for completing Section 2 and 3. If any item is left blank, the form will not be accepted. Checking "No" for items is acceptable, and is not considered leaving the items blank.
3. Do not convert this form to a PDF or send a scanned copy
	* This form must be completed digitally, and **must remain in the current format** (Microsoft Word).
4. Send a draft to the DAA for feedback
	* Before circulating this form for any signatures, send a draft to the Digital Accessibility Architect (ictaccess@uoregon.edu). They will provide feedback and may request changes.
5. Collect all required signatures
	* After the draft is approved, you are responsible for collecting the signatures in Section 4.
6. Final approval comes from the DAA
	* The DAA, in consultation with the ICT Accessibility Committee, will conduct a final review of the EEAAP after it is signed. EEAAPs are not valid until signed by the DAA. After the EEAAP is approved, the DAA will handle the remaining steps in the accessibility exemption process and let you know when it's complete.
7. EEAAP approvals are valid for **one year**, unless otherwise indicated
	* If this EEAAP expires (or is terminated early by the DAA) and the product or service is still in use and has not been fully remediated, a new EEAAP and exemption must be approved for the Department/Unit to continue using the product or service (please contact the DAA **at least** one month before expiration to begin the process).
8. Retain a copy and implement the plan
	* If approved, the countersigned EEAAP will be sent to the Requestor and all signatories to this EEAAP. The Requestor's Department/Unit is required to maintain a copy of this EEAAP, and is **solely responsible for the implementation of the plan**, unless otherwise indicated. The Digital Accessibility Architect retains a copy of all EEAAPs, and may share them with internal and external parties at their discretion.
9. Notify the DAA of any important changes that occur after the EEAAP is approved
	* If, during the term of the EEAAP, the product or service is fully remediated (i.e., becomes fully accessible to people with disabilities without the need for this EEAAP), if the Requestor discontinues use of the product or service, or if the users or context of use change, the Requestor must immediately notify the Digital Accessibility Architect (ictaccess@uoregon.edu).

# Section 1. Product Details and Deficiencies

1. **Product Name.**
	* *[Digital Accessibility Architect will fill this in]*
2. **Product Information Form.**
	* *[Digital Accessibility Architect will fill this in]*
3. **Issue Description.**
	* *[Digital Accessibility Architect will fill this in]*
4. **Impact on Users.**
	* *[Digital Accessibility Architect will fill this in]*

# Section 2. Requestor and Product Information

1. **Requestor**
	* Name:
	* Title:
	* Email Address:
	* Department/Unit:
2. **Product**
	* Is the Product Information Form (PIF) linked in Section 1B correct and complete?
		+ [ ]  Yes
		+ [ ]  No. **Stop** and notify the DAA before proceeding.

# Section 3. Exemption and Plan Details

1. **Exemption Category.** Indicate the category under which a temporary exemption is being sought, per the UO [ICT Accessibility Procedure](https://digitalaccessibility.uoregon.edu/procedure). Select only **one** reason.
	* [ ]  **Non-Availability** (no alternative products or services exist that are more accessible)
	* [ ]  **Implementation in Progress** (efforts are currently underway to remediate the product or service by a defined date – details must be provided in section 3B3)
	* [ ]  **Undue Burden** (compliance is not technically possible or would require extraordinary measures; lack of funding alone does not qualify; **if checked, explanation is required in bullet below**).
	* [ ]  **Fundamental Alteration** (making the product or service accessible would fundamentally alter/undermine its intended purpose; generally only applicable to instructional/course content; **if checked, explanation is required in bullet below**).
2. **Replace, Retire, Remediate.**
	1. [ ] [ ] Are there plans to replace the product or service with one that meets accessibility requirements?
		* [ ]  No
		* [ ]  Yes (complete **all** items below, using the bullet under each for your answer):
			+ When will the product or service be replaced?
			+ What will the product or service be replaced with?
				-
	2. Are there plans to retire/discontinue use of the product or service?
		* [ ]  No
		* [ ]  Yes (complete **all** items below, using the bullet under each for your answer):
			+ When will the product or service be retired/discontinued?
			+ What is the retirement/discontinuation plan?
	3. Has the vendor agreed to remediate the accessibility issues in the product or service within a specified timeframe?
		* [ ]  No
		* [ ]  Yes (complete **all** items below, using the bullet under each for your answer):
			+ Vendor representative who provided remediation plan (name and title):
			+ Source and date of remediation plan (e.g., "Email received on 7/1/2023")
			+ When will the vendor's remediation of the product be completed?
			+ Remediation plan details (copy the relevant email text or cite the vendor document):
3. **Alternative Access Plan.** Describe, **in sufficient detail for reviewers to evaluate its efficacy**, how the Requestor will provide equally effective alternative access to the product or service for people who are impacted by the accessibility issues identified in Section 1C and 1D. You are responsible for ensuring that your plan complies with [UO Data Security](https://service.uoregon.edu/TDClient/2030/Portal/KB/ArticleDet?ID=113454) requirements.
	* *Examples [delete after completing this section]:*
		+ *A staff member will be available to sit with and provide direct assistance to users who are unable to fully use the product. Users can request assistance by emailing sample@uoregon.edu or calling 541-555-5555, and assistance will be available on location in our office and via Zoom from 9:00am-5:00pm Monday-Friday, excluding university holidays.*
		+ *Staff who are unable to fully use SampleAdmin can provide reports in Excel format to the project lead, who will enter the data into SampleAdmin. The project lead will export data reports from SampleAdmin into Excel format and provide them to staff who cannot access them using the system.*
		+ *Students who cannot use SampleStats will be provided with a different assignment or tool by their instructor that accomplishes the same learning objectives.*
4. **Communication Plan.** How will the existence and availability of the plan in 3C be communicated to all potentially impacted users, both immediately and in the future? Check all that apply.
	* [ ]  Staff currently using the system will be informed via email and new users will be informed during onboarding/training. An annual reminder email will be sent out to all users.
	* [ ]  The course syllabus will include information about accommodations, and the instructor will provide a reminder to students when the product is introduced or assigned in class.
	* [ ]  Instructions for assistance will be posted on the UO web page describing the system and will be included in welcome emails for new users.
	* [ ]  Other (please explain in bullet below):
5. **Responsible Parties.** Who will be responsible for implementing or carrying out the plans in 3C and 3D? List roles/titles and department affiliations, not individuals' names.
	* *Examples [delete after completing this section]:*
		+ *UO's SampleLMS learning management system project lead*
		+ *UO's Director of Travel Expenses*
		+ *Instructors of UO 101 and UO 201*
6. **Resources Required.** List any resources required (staffing, training, equipment, etc.) needed to implement the plans in 3C and 3D, and how they will be obtained. If any resources will have a financial cost, indicate which departments/unit(s) will pay for or provide them. Note that approval is required in Section 4 from all departments/units providing funding or resources. Check all that apply.
	* [ ]  Existing staff time will be reallocated without introducing additional costs
	* [ ]  Additional staff time will be needed (please explain in bullet below):
	* [ ]  Staff training is needed (please explain in bullet below):
	* [ ]  Additional software or equipment will be needed (please explain in bullet below):
	* [ ]  Other (please explain in bullet below):

# Section 4. Approvals

Please send a draft of this document to the Digital Accessibility Architect (ictaccess@uoregon.edu) before circulating it for signatures.

Approvals below must be collected in order (i.e., the Digital Accessibility Architect will only sign after all other signatures are complete). Adding your signature/initials and date signifies that you have reviewed and approve of this plan, agree to provide the resources your Department/Unit is responsible for in the plan, and agree that it provides equally effective alternative access to the digital product or service and conforms to the UO ICT Accessibility Policy. **Do not sign or initial on behalf of any other individual.**

1. **Requestor Unit Approval**
	1. Unit Vice President/Director/Dean/Chair or their designee's details and signature/initials.
		* Name:
		* Title:
		* Email Address:
		* Department/Unit:
		* Signature or Initials:
		* Date:
2. **Additional Unit Approval(s)**
	1. Does the Alternative Access Plan (3C) or Communications Plan (3D) require any resources, staff, or funding from Departments/Units outside the Requestor's unit?
		* [ ]  No
		* [ ]  Yes. The relevant Vice President/Director/Dean/Chair or their designee must provide approval below. If more than one additional unit approval is needed, add additional signature blocks or contact ictaccess@uoregon.edu for assistance.
			+ Name:
			+ Title:
			+ Email Address:
			+ Department/Unit:
			+ Signature or Initials:
			+ Date:
3. **AEC Approval**
	1. Is this EEAAP for any products or services used by students related to instruction/academics, co-curricular activities, housing, or any other experience related to being a student at the UO?
		* [ ]  No
		* [ ]  Yes. The Accessible Education Center Senior Director (Norma Kehdi, nkehdi@uoregon.edu) or their designee must provide approval below.
			+ Name:
			+ Title:
			+ Signature or Initials:
			+ Date:
4. **Digital Accessibility Architect**
	1. Send to ictaccess@uoregon.edu for final review and approval. This EEAAP is not valid until signed by the Digital Accessibility Architect.
		* Name:
		* Title: UO Digital Accessibility Architect
		* Signature or Initials:
		* Date:
		* Comments/Notes:

# Section 5. Termination

If, after approval, the Digital Accessibility Architect determines that this EEAAP is insufficient or is no longer needed, they may terminate it by signing below. All signatories will be immediately notified upon EEAAP termination.

1. **Digital Accessibility Architect**
	* Name:
	* Signature or Initials:
	* Date:
	* Comments/Notes: