# cid:sys_attachment.dosys_id154cfe6edb569300d3c21cb51b9619d2@SNC.4f41759f99d546ATI@CPP

### **Equally Effective Alternate Access Plan (EEAAP)**

**APPLICATION/SERVICE:** Product Name

**Date:**

1. **Description of the Issue/Barrier**

Describe 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.

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.  Groups may be specific (e.g., IT employees, Engineering students, etc.) or general (e.g., general public, visitors, students only, CSU employees, etc.)

*EXAMPLE: The person or group of people would be a person with limited or no vision or does not have the capability to use their arms and hands.*

1. **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 issues.

*EXAMPLE: If any issues are discovered, Dr. xxxx and department coordinator xxx.*

1. **How will EEAAP be provided:**

Describe in detail how the responsible department(s)/person(s) equally effective alternate access will be communicated and what will be provided. For Example

* How would users obtain the same information or service as someone who is able to use the site/service?
* What options are available to them?
* How would anyone obtain help in using the system if they needed it?

*EXAMPLE: A non-impaired assistant will be provided, personal assistance, larger monitor, operating system accessibility features, predefined equipment operating instructions with defined accessibility options.*

1. **EEAAP Resources Required:**

List any resources required (including training, equipment, additional staff, etc.) to provide equally effective alternate access for the known issue(s). 

*None*