

ACCESSIBILITY – CUSTOMER SERVICE TRAINING

Name: _____ Department: _____

Please check one:

☐ Employee ☐ Volunteer ☐ Student ☐ Board Member

Employee Initials Date (mm/dd/yy)

POLICIES		
9.01 Accessibility Standards for Customer Service		
9.02 Individual Accommodation Plans		
ACCESSIBILITY STANDARDS FOR CUSTOMER SERVICE TRAINING		
(Please check one) I have:		
<input type="checkbox"/> Read the DSSAB's Customer Service Manual & completed the quizzes at the end (It can be found on the DSSAB's internal website: http://www.psdssab.org:31337/)		
OR		
<input type="checkbox"/> Completed the online Customer Service Training at: www.mcass.gov.on.ca/mcass/serve-ability/splash.html & completed the quizzes at the end of the DSSAB's Customer Service Manual		

By initialing beside each applicable entry above, I acknowledge that I have read the DSSAB's Accessibility Standards for Customer Service Policy, completed the above training and fully understand and agree to abide by this policy and training at all times:

Signature

Printed Name

CAO or Supervisor's Signature

Date (mm/dd/yy)