

Center policy on ensuring access to information

The RTC/IL policy is that information should be equally available to all, regardless of disability. To ensure all can access our products, the RTC/IL provides works to ensure that information conveyed through oral and/or visual presentations is accessible to all.

Print and Electronic Documents. We use Microsoft Word software for most documents and are working to have all our products available through the World Wide Web in Adobe Acrobat PDF files. For accessibility, we use few if any formatting codes (with the exception of hard and soft returns) and describe all graphic elements. Also, for print documents, we typically use nonglossy paper, include only necessary graphics, and format with unjustified right margins for reading ease. At events, we anticipate need for alternative formats and bring both print documents and alternative formats. In some situations, conference coordinators produce our materials in alternative formats. [Note: If participants are expected to complete evaluations, the presenter should provide evaluation forms in alternative formats and allow non-written responses.]

Alternative Formats. Many people use software programs to read or hear written text, and we include text descriptions of any graphic elements that contribute to a document's meaning.

Large Print. Based on the original document and with direction from its primary author(s), we format with one-inch margins on all sides, double spacing, underlining, text lines no longer than six inches, page number placement in right bottom corner, 18-point type (or larger if necessary), bold serif fonts such as Times New Roman for body text and bold non-serif font such as Arial for headings. We don't indent, nor use columns, compressed fonts, small capitals, all capitals, or italics. Often, we use pale yellow or buff, non-glossy paper to reduce glare. Tables of content reflect page number changes.

Audiotapes. Print materials are audio-taped on request. All graphic elements are described.

Braille. We maintain a stock of Braille copies for all documents of four pages and under. If an event requires Braille as an alternative format, we only distribute those print materials available in Braille.

Lengthy Documents. Alternative formats of lengthy documents may be bulky, time-consuming and expensive to prepare. Typically, we produce these documents on demand or in bulk when a targeted audience has needs not met by electronic files on disk or CD.

Oral Presentations: Working with Sign Language Interpreters and Realtime Captioners. Our commitment to working with sign language interpreters and real-time captioners is to ensure that the presenters are knowledgeable in the processes necessary to effectively meet the needs of both consumers and communication professionals (interpreters and captioners). To ensure such capability, we provide to presenters' guidelines on the appropriate techniques for working with interpreters and captioners.

Visual Aids. Our visual aids use large, bold fonts; bright high-contrast colors; and no more than eight lines of text per segment. They also are designed to be seen in normal room lighting in case an interpreter is providing information. Often, we bring large print paper copies of visual aids for those with low vision and read each word out loud. Soundtracks shows, films and videos are captioned or accompanied by a written script. Any equipment not in use is turned off so its sound doesn't interfere with the speaker's voice.

References and Resources:

Kailes, J. & Jones, D. (1993.) A Guide to Planning Accessible Meetings. Houston, TX: ILRU.

Research and Training Center on Blindness and Low Vision, PO Drawer 6189, Mississippi State University, Mississippi State, MS 39762; 662.325.2001 Fax: 662.325.8989 TDD: 662-325-8693 Email: nrtc@colled.msstate.edu; Web site: http://www.blind.msstate.edu/

American Printing House for the Blind, P.O. Box 6085, Louisville, KY 40206; 502.895.2405 or 800.223.1839; Fax: 502.899.2284; E-mail: info@aph.org; Web site: http://www.aph.org