

2023 Title VI Implementation Plan

Noble County, Indiana

Prepared by: Zachary S. Smith, P.E.
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I. Introduction

This Title VI Implementation Plan is a part of Noble County's continual and ongoing effort to comply with civil rights regulations. The document reflects Noble County's intent to proactively meet and exceed the minimum compliance requirements established under Title VI of the Civil Rights Act of 1964 (Title VI), 49 CFR § 26, and the related anti-discrimination statutes and regulations. Noble County seeks to provide continued transparency, clarity and technical guidance for both internal and external constituents regarding its Title VI policy and program.

II. Noble County's Title VI Mission Statement

It is the mission of the Noble County to comply with Title VI 49 CFR § 26 and its related statutes and regulations to ensure that no person is excluded from participation in, denied the benefits of, or subjected to discrimination under any programs, provision of services, or activities on the basis of race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation.

III. Noble County's Non-Discrimination Statement

Noble County values each individual's civil rights and wishes to provide equal opportunity and equitable service for the citizens of this county. As a recipient of federal funds, Noble County is required to conform to Title VI and all related statutes, regulations, and directives, which provide that no person shall be excluded from participation in, denied benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance on the grounds race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation.

In accordance with these values, the Noble County Board of Commissioners has named a Title VI Coordinator and an ADA coordinator.

The current coordinators are:

Zachary S. Smith, P.E.

County Engineer

ADA Coordinator

1118 E. Main St.

Albion, IN 46701

Phone 260-636-2124

Fax 260-636-2542

E-mail zack.smith@nobleco.gov

Jackie Knafel

County Coordinator

Title VI Coordinator

109 N. York St.

Albion, IN 46701

Phone 260-636-2658

Fax 260-636-4001

E-mail jackie.knafel@nobleco.gov

IV. Title VI Assurances

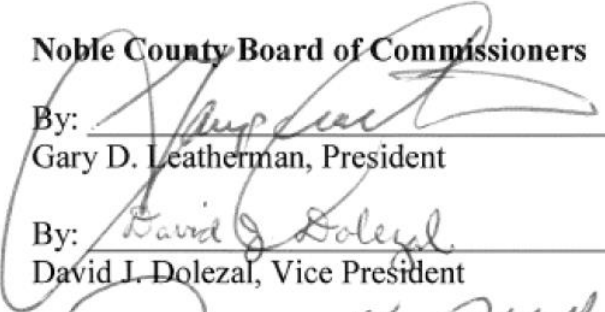
It is Noble County's desire to stay in compliance with the INDOT annual pre-award certification process for the Local Public Agency (LPA) and all other grant opportunities. As such, the following assurances are given in regards to compliance with Title VI and ADA requirements:

- Title VI Coordinator and ADA Coordinator are to ensure county-wide compliance with Title VI and ADA compliance.
- Noble County's Title VI Implementation Plan and ADA Transition Plan will be reviewed and updated annually;
- Noble County will use the corresponding adopted grievance policy to remedy all non-compliance issues or complaints filed under Title VI and the ADA;
- Noble County will develop and implement Limited English Proficiency (LEP) Plan;
- Noble County will develop a Title VI training program with department managers;
- Noble County will participate in the dissemination of Title VI information to the public; and
- Noble County will ensure meaningful access to services and programs to all individuals regardless race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation.
- Noble County shall have all required U.S. DOT assurances as they relate to Title VI of the Civil Rights Act of 1964 in all of its contracts, including procurement.

Accepted this 11th day of July, 2016.

Noble County Board of Commissioners

By: 
Gary D. Leatherman, President

By: 
David J. Dolezal, Vice President

By: 
David H. Abbot, Member

V. Public Involvement and Outreach

The County's Title VI/ADA Coordinator shall periodically update the Title VI/ADA webpage as needed and provide technical assistance via the website as appropriate.

Pursuant to 23 CFR 200.9(b) (4), the County shall collect and analyze statistical information regarding demographics to monitor and ensure nondiscrimination in all of its programs and activities. The County may use a voluntary public involvement survey to collect information regarding persons affected by proposed County's projects. The survey permits respondents to remain anonymous, while voluntarily answering questions regarding their, race, color, national origin, sex, age, disability status, household income or limited English proficiency.

The County may make a voluntary public involvement survey available at all public hearings and meetings. The County retains completed surveys for three years from the date of the meeting and/or completion of the related project if applicable.

VI. Review Process

The review process will consist of annual plan audit and review by the Title VI and ADA Coordinators. The Coordinators will review of Title VI and ADA transition plans, training logs, non-compliance issues and complaints from the year. Following the review, the coordinators will draft an annual work plan that lists corrective action for deficiencies, updates or changes to the plans, goals and a list of accomplishments. The Coordinators may also contact outside state and federal agencies to report preliminary findings, conclusions and recommendation. Noble County does not have any subrecipients.

VII. External Complaint Process

The Noble County Title VI Coordinator will promptly investigate all properly submitted complaints of alleged discrimination. The County will also attempt to resolve such complaints and take corrective action upon a finding of a substantiated complaint. Within 60 days of receiving a complete complaint, the County will submit its final investigative report to the appropriate state or federal agency and log in finding results to database. The County's Title VI and ADA Grievance Procedures provide a procedure for appeal of all claims of discrimination. Please see the associated grievance procedure for more detailed information. A Sample External Complaint of Discrimination Form is attached in the appendix. A Complaint Log is also attached in the appendix, which is used to record all complaints.

To initiate the grievance process, complaints should be directed to the appropriate coordinator:

Zachary S. Smith, P.E.
County Engineer
ADA Coordinator
1118 E. Main St.
Albion, IN 46701
Phone 260-636-2124
Fax 260-636-2542
E-mail zack.smith@nobleco.gov

Jackie Knafel
County Coordinator
Title VI Coordinator
109 N. York St.
Albion, IN 46701
Phone 260-636-2658
Fax 260-636-4001
E-mail jackie.knafel@nobleco.gov

VIII. Training

The ADA and Title VI Coordinator will annually attend training by either FHWA or INDOT regarding ADA and Title VI Compliance. They will act as the trainer for department head training. Training will be held annually and coincide with the regular department head meeting. Training materials will include this Title VI Implementation Plan, the ADA transition plan and any applicable training materials that are received at INDOT and FHWA conferences and workshops. Department Heads will in turn train their staff and review the ADA and Title VI policies and plans.

IX. Limited English Proficiency

One goal of Noble County in implementing and adhering to its Title VI obligations is to improve the accessibility of its programs and activities to eligible Limited English Proficiency (LEP) persons, those persons who have a limited ability to read, write, speak or understand English.

The County continues to strive to improve its data collection efforts to better track the actual number of LEP individuals encountered in the delivery of services so that the County may continue to evaluate the effectiveness of its LEP Implementation Plan.

LEP "Speak Cards" from <https://www.lep.gov/ISpeakCards2004.pdf> are attached to this plan as an appendix to be used as a communication tool with LEP persons. Once the LEP person's primary language is identified, the County will attempt to find a translator.

X. 2023 Goals

1. Annual compliance review of Title VI Plan
2. Annual review and update of ADA Transition Plan
3. Increased Title VI Plan Awareness
4. Provide Title VI training to Department Heads
5. Continued Training of Title VI Coordinator
6. Continued Involvement with the Indiana ADA/Title VI Coordinator's Association
7. Overhaul of the County Website.

XI. 2023 Work Plan

1. Schedule Annual Title VI instruction at Department Head Meetings
2. Involvement on Title VI training and updates via the Title VI/ADA Coordinators Associations
3. Public Meeting announcements to include opportunities for special assistance
4. Complete annual compliance review and plan update
5. Increased visibility of Title VI and ADA policies

XII. 2022 Accomplishments

1. Reviewed and Revised Noble County's Title VI Plan, Policy and Grievance Procedure
2. Title VI Compliance training of all County Department Heads on September 15, 2022
3. Continuing education for Title VI/ADA Coordinators through Indiana ADA/Title VI Association and INDOT LPA training opportunities.
4. Updates of Title VI Plan, Policy and Grievance Procedure on County Website
5. Continued Membership in Indiana ADA/Title VI Association

Appendices

- A. Title VI Policy
- B. Title VI Grievance Procedure
- C. Complaint Log
- D. Sample External Complaint of Discrimination Form
- E. Complaint Consent Release Form
- F. Voluntary Title VI Public Involvement Survey
- G. LEP "I Speak" Cards
- H. Training Log

Appendix A

Title VI Policy

**NOBLE COUNTY COMMISSIONER'S
RESOLUTION #2016-24**

A Resolution of the Board of Commissioners of Noble County, Indiana
Adopting the Title VI Coordinator and establishing the Title VI Non-Discrimination Policy

WHEREAS, the Federal government enacted Title VI of the Civil Rights Act of 1964 (Title VI) to prevent discrimination under any program or activity receiving Federal financial assistance;

WHEREAS, Title VI of the Civil Rights Act of 1964, applicable Code of Federal Regulations, and Executive Orders related thereto provide that no person in the United States shall, on the grounds of race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which a recipient receives Federal financial assistance;

WHEREAS, a condition of Federal financial assistance is that a recipient must comply with title VI of the Civil Rights Act of 1964 and the provisions of the applicable Code of Federal Regulations and Executive Orders related thereto;

WHEREAS, The County of Noble, Indiana has been, currently is, and may be in the future be a recipient of Federal financial assistance for which these nondiscrimination provisions would be applicable.

WHEREAS, in compliance with Title VI, Noble County will name a Title VI Coordinator;

WHEREAS, Noble County has adopted a Grievance Procedure to be used for Title VI complaints;

WHEREAS, Noble County will publish notice of its Title VI Nondiscrimination Policy; and

WHEREAS, Noble County will post the Title VI Coordinator's name, office address, and telephone number along with its Title VI Nondiscrimination Policy and Plan on its website;

NOW, THEREFORE, BE IT RESOLVED by the Noble County Board of Commissioners and of Indiana:

Hereby establishes this policy and confirms that its program and activities will be conducted such that no person in the United State shall, on the grounds of face, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination pursuant to and as provided by applicable State and Federal law.

The Board will from time to time name a Title VI Coordinator to assist in the implementation of this Nondiscrimination Policy and to assist in addressing any Title VI complaints. At this time the Noble County Coordinator, Jacqueline L. Knafel is designated as the Title VI Coordinator of the County.

The Noble County adopts a Title VI Grievance Procedure for addressing complaints alleging discrimination under Title VI in the provision of services, activities, programs or benefits by Noble County with complaints to be directed to the Title VI Coordinator.

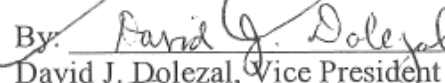
In compliance with Federal and State laws as set forth above, Noble county resolves to post the required information regarding the Title coordinator, and Title VI Grievance Procedure on its website and at such other locations as may be determined from time to time.

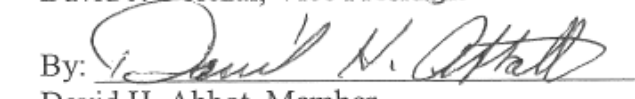
NOW, THEREFORE, BE IT FURTHER RESOLVED that this nondiscrimination Policy shall be interpreted so as to be consistent with and in compliance with the requirements of applicable State and Federal law; that this Nondiscrimination Policy shall be understood and acknowledged to be a policy which prohibits discrimination but does not otherwise grant nor afford any special advantages privileges or other benefits to any person in the United States; and that this nondiscrimination Policy does not exceed the requirements of nor otherwise any burden upon the County of Noble, Indiana beyond the requirements of applicable State and Federal law.

RESOLVED AND ADOPTED this 11th day of July 2016.

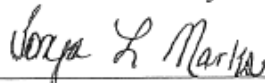
Noble County Board of Commissioners

By: 
Gary D. Leatherman, President

By: 
David J. Dolezal, Vice President

By: 
David H. Abbot, Member

Attest: Noble County Auditor


Tonya L. Marks, Auditor

Appendix B

Title VI Greivance Procedure

Grievance Procedure under Title VI Non-Discrimination Act

Noble County, Indiana

This Grievance Procedure is established to meet the requirements of Title VI. It may be used by anyone who wishes to file a complaint alleging discrimination on the basis of race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation in the provision of services, activities, programs, or benefits by the Noble County. The Noble County Personnel Policy governs employment-related complaints of discrimination.

The complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant and location, date, and description of the problem. Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the grievant and/or his/her designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Title VI Coordinator Jackie Knafel
109 N. York Street
Albion, IN. 46701
Phone 260-636-2658
Fax 260-636-4001
E-mail jackie.knafel@nobleco.gov

Within 15 calendar days after receipt of the complaint, *Jackie Knafel* or *her* designee will meet with the complainant to discuss the complaint and the possible resolutions. Within 15 calendar days of the meeting, *Jackie Knafel* or *her* designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain the position of the Noble County and offer options for substantive resolution of the complaint.

If the response by *Jackie Knafel* or *her* designee does not satisfactorily resolve the issue, the complainant and/or his/her designee may appeal the decision within 15 calendar days after receipt of the response to the *Noble County Commissioners* or *their* designee.

Within 15 calendar days after receipt of the appeal, the *Noble County Commissioners* or *their* designee will meet with the complainant to discuss the complaint and possible resolutions. Within 15 calendar days after the meeting, the *Noble County Commissioners* or *their* designee will respond in writing, and, where appropriate, in a format accessible to the complainant, with a final resolution of the complaint.

All written complaints received by *Jackie Knafel* or *her* designee, appeals to the *Noble County Commissioners* or *their* designee, and responses from these two offices will be retained by Noble County for at least three years.

Appendix C

Complaint Log

Appendix D

Sample External Complaint of Discrimination Form

EXTERNAL COMPLAINT OF DISCRIMINATION

NOBLE COUNTY, INDIANA

INSTRUCTIONS:

Jackie Knafel
Title VI Coordinator
109 N. York St.
Albion, IN 46701
Phone 260-636-2658
Fax 260-636-4001
E-mail jackie.knafel@nobleco.gov

The purpose of this form is to provide a template for any person interested in filing a discrimination complaint with Noble County. You are not required to use this form. You may write a letter with the same information, sign it, and return it to the address below. All bold items must be completed for your complaint to be investigated. Failure to provide complete information may impair the investigation of your complaint.

Title VI of the Civil Rights Act of 1964, as amended and its related statutes and regulations (Title VI) prohibit discrimination on the basis of race, color, national origin, sex, age, disability/handicap, income status, gender identity, or sexual orientation in connection with programs or activities receiving federal financial assistance for the United States Department of Transportation, Federal Highway Administration, and/or Federal Transit Administration. These prohibitions extend to Noble County as a sub-recipient of federal financial assistance.

Upon request, assistance will be provided if you are an individual with a disability or have limited English proficiency. Complaints may also be filed using alternative formats such as computer disk, audiotape, or Braille.

You also have the right to file a complaint with other state or federal agencies that provide federal financial assistance to Noble County. Additionally, you have the right to seek private counsel.

Noble County is prohibited from retaliating against any individual because he or she opposed an unlawful policy or practice, filed charges, testified, or participated in any complaint action under Title VI or other nondiscrimination authorities.

Please make a copy of your complaint form for your personal records. Do not send your original documents as they will not be returned. Mail the original complaint form along with any copies of documents or records relevant to your complaint to the address below.

Complaints of discrimination must be filed within 180 days of the date of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

(Signature)

****Your complaint cannot be processed without your signature.**

Name of complainant	Date (<i>month, day, year</i>)
---------------------	----------------------------------

COMPLAINANT INFORMATION		
Name (<i>first, middle, last</i>)		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -

PERSON / DEPARTMENT YOU BELIEVE DISCRIMINATED AGAINST YOU		
Name (<i>first, middle, last</i>)	Title	
Department		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -

When was the last alleged discriminatory act? (*month, day, year*)

Complaints of discrimination must be filed within 180 days of the alleged discriminatory act. If the alleged act of discrimination occurred more than 180 days ago, please explain your delay in filing this complaint.

The alleged discrimination was based on:				
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Age	<input type="checkbox"/> Gender	<input type="checkbox"/> Nation Origin
<input type="checkbox"/> Disability	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Religious Affiliation	

Name of complainant	Date (<i>month, day, year</i>)
---------------------	----------------------------------

Describe the alleged act(s) of discrimination. (Use additional pages, if necessary)

Provide the names of any individuals with additional information regarding your complaint:		
Name of witness 1 (<i>first, middle, last</i>)	Title	
Name of company		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

Name of complainant	Date (<i>month, day, year</i>)
---------------------	----------------------------------

Name of witness 2 (<i>first, middle, last</i>)		Title
Name of company		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

Name of witness 3 (<i>first, middle, last</i>)		Title
Name of company		
Address (<i>number and street, city, state, ZIP code</i>)		
Home telephone number () -	Work telephone number () -	Cellular telephone number () -
Include a brief description of the relevant information the witness may provide to support your complain of discrimination:		

Appendix E

Complaint Consent Release Form

COMPLAINANT CONSENT / RELEASE

NOBLE COUNTY, INDIANA

Name <i>(first, middle, last)</i>	Telephone number () -
Address <i>(number and street, city, state, ZIP code)</i>	
Case number(s) <i>(if known)</i>	
<p>As a complainant, I understand that during an investigation it may become necessary for Noble County to reveal my identity to individuals outside of Noble County Government in the course of verifying information or gathering facts and evidence to develop a basis for making a civil rights compliance determination. I understand that it may be necessary for Noble County to share information, including personal details collected as part of its complaint investigation. In addition, I understand that as a complainant, I am protected by Title VI of the Civil Rights Act of 1964, as amended, and its related statutes and regulations prohibiting intimidation or retaliation for taking action or participating in an action to secure rights protected by the nondiscrimination statutes enforced by Noble County.</p>	
<p><i>Please read both paragraphs below, check your choice of CONSENT or CONSENT DENIED and sign below. (Please mark one)</i></p>	
<p><input type="checkbox"/> CONSENT</p> <p>I have read and understand the above information and authorize Noble County to disclose my identity to individuals as needed during the course of the investigation for the purpose of verifying information or gathering facts and evidence relevant to the investigation of my complaint. I authorize Noble County to receive, review, and discuss material and information about me relevant to the investigation of my complaint. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release and volunteer to do so.</p>	
<p><input type="checkbox"/> CONSENT DENIED</p> <p>I have read and understand the above information and do not want Noble County to disclose my identity to any individual during the course of the investigation. I understand this choice could delay the investigation of my complaint and may, in some circumstances, result in an administrative closure of the investigation of my complaint without Noble County making a determination in my case.</p>	
Signature	Date <i>(month, day, year)</i>

Appendix F

Voluntary Title VI Public Involvement Survey

VOLUNTARY TITLE VI PUBLIC INVOLVEMENT SURVEY

NOBLE COUNTY, INDIANA

As a recipient of federal funds, the Indiana Department of Transportation (INDOT) is requiring local agencies to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid highway programs and activities (23 CRF §200.9(b)(4)). Noble County is distributing this voluntary survey to fulfill that requirement to gather information about the populations affected by proposed projects.

You are not required to complete this survey. Submittal of this information is voluntary. This form is a public document that Noble County will use to monitor its programs and activities for compliance with Title VI and the Civil Rights Act of 1964, as amended and its related statutes and regulations.

If you have any questions regarding Noble County’s responsibilities under Title VI of the Civil Rights Act of 1964 or the Americans with Disabilities Act, please contact Jackie Knafel.

Jackie Knafel

Title VI Coordinator Phone 260-636-2658
 109 N. York St. Fax 260-636-4001
 Albion, IN 46701 E-mail jackie.knafel@nobleco.gov

You may return the survey by folding it and placing it on the registration table or by mailing or e-mailing it to the address above.

Date (month, day, year)			
Project name			
Proposed project location			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: (Check one or more)			
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White	
<input type="checkbox"/> Black or African-American		<input type="checkbox"/> Multiracial	
Age: <input type="checkbox"/> 1-21 <input type="checkbox"/> 22-40		Disability: <input type="checkbox"/> yes	
<input type="checkbox"/> 41-65 <input type="checkbox"/> 65+		<input type="checkbox"/> no	
Household Income:			
<input type="checkbox"/> 0-\$12,000		<input type="checkbox"/> \$12,001-\$24,000	<input type="checkbox"/> \$24,001-\$36,000
<input type="checkbox"/> \$36,001-\$48,000		<input type="checkbox"/> \$48,001-\$60,000	<input type="checkbox"/> \$60,001+

Appendix G

LEP "I Speak" Cards

- | | | |
|--------------------------|------------------------------------------------------------------------------------------|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية. | 1. Arabic |
| <input type="checkbox"/> | Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակությունը, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն: | 2. Armenian |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | 3. Bengali |
| <input type="checkbox"/> | ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។ | 4. Cambodian |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro. | 5. Chamorro |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。 | 6. Simplified Chinese |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。 | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | 8. Croatian |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | 9. Czech |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | 10. Dutch |
| <input type="checkbox"/> | Mark this box if you read or speak English. | 11. English |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بنید. | 12. Farsi |

<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

Appendix H

Training Log

