

SAMPLE FORM FOR MONITORING ACCOMMODATIONS

JAN offers the following *sample form* as a tool to assist in the interactive accommodation process. For additional information about the interactive process, contact JAN directly to speak with a consultant or visit AskJAN.org.

A. DOCUMENTING CURRENT ACCOMMODATIONS

What accommodations have been implemented to enable the employee to perform essential job duties or enjoy equal benefits or privileges?

When were the current accommodations implemented (month, day, year), and who was responsible for implementation?

What is the cost, if any, of providing the current accommodations? One-time cost or on-going?

What department or agency is responsible for the cost?

B. EVALUATING CURRENT ACCOMMODATIONS FOR EFFECTIVENESS

The accommodations are in effect:

- Always
- As-needed
- Never

For example, employee works from home as-needed, has a flexible schedule three days per week, or uses assistive technology daily. If frequency is not clearly defined here or employee indicates *Never*, please explain:

If equipment or software was provided, was the employee trained in the use of that equipment or software?

- Yes
- No

Does the employee report that the training was sufficient to meet his/her needs?

- Yes
- No

If no, explain:

If a service (e.g., interpreter, reader, CART) was provided, does the employee report that the service is meeting his/her needs? Who is responsible for arranging the service?

If workstation equipment was provided, is it being used effectively and properly? Explain any issues in using workstation equipment.

Are the accommodations currently enabling the employee to perform essential job functions? Explain.

If applicable, explain how accommodations have enabled the employee to improve his/her performance/conduct.

What difficulties, if any, does the employee experience when engaging accommodations (i.e., equipment does not work, scheduling needs not met, harassed by management, etc.)?

Is the employee currently requesting additional or alternative accommodations?

Yes

No

If yes:

- What job function(s) is s/he having difficulty performing?

- What employment benefit(s) is s/he having difficulty accessing?

- What limitation(s) is/are interfering with his/her ability to perform the job or access an employment benefit?

Explain what new accommodations are being requested and how the employee, or his/her representative, believes the accommodations will assist the employee.

Describe the *employee's perception* of how well accommodations have worked.

C. RECOMMENDATIONS

Current accommodations have been found to:

- Be effective for the purpose
- Require adjustments
- Be ineffective for the purpose
- Require additional accommodations to be effective

Explain.

The employee should:

- Maintain accommodations "as is"
- Continue with current accommodations but with adjustments
- Discontinue current accommodations
- Receive alternative accommodations

Explain.

If new or additional accommodations are required:

Does equipment need to be ordered or a service purchased?

Yes

No

If yes, who will order, etc.?

Will training be required?

Yes

No

If yes, who will provide the training?

Who should be notified of any change in accommodations (i.e., manager, HR, DPM, etc.)?

Do any additional steps need to be taken?

When will accommodations be fully implemented?

Date:

If maintenance is required, when will it occur?

Date:

Are accommodations being provided on a trial basis?

Yes

No

If yes, when will the trial period end?

Date:

SIGNATURES

Employer Representative:

Date: _____

Employee:

Date: _____