

Americans with Disabilities Act (ADA)  
Accommodation Evaluation Form

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| Employee Name: | Employee Phone: |
| Supervisor: | Supervisor Phone: |
| Department: | Date: |
| **Step 1 – With input from the employee, supervisor and Human Resources, identify barriers to performing the essential functions**   * Using the Employee Work Profile, (if applicable), identify which essential function is impacted by which limitation * What is it that makes it difficult for the person in question to perform his or her job as it relates to the disability? | |
| Step 2 - Identify Possible Accommodations  * Get input from many sources (the employee, the medical professional, outside agencies such as the Job Accommodation Network, the ADA Action Committee) | |
| **Step 3 – Choose the appropriate reasonable accommodation**   * Does the accommodation seem effective in eliminating the person’s limitation so that the person is able to perform the essential functions at the “Contributor” level? | |
| **Step 4 – Evaluate the effectiveness of the accommodation**   * Determine a date that the effectiveness of the accommodation will be evaluated. (Most often, a two week period is effective and then evaluate again at 30 days.) * Is the accommodation enabling the employee to perform at the “Contributor” level? * If no, Steps 1 – 4 may be repeated. | |

Employee Signature: Date:

Supervisor Signature: Date: