

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?

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| 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)

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| **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?

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| **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.

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Employee Signature: Date:

Supervisor Signature: Date: