

## INDIVIDUAL ACCOMMODATION PLAN WORKSHEET

Employee's name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's position/department/school location: \_\_\_\_\_

Manager: \_\_\_\_\_

Workplace Barriers	Job-related tasks/activities affected by barriers.	Is this an essential job requirement?

Sources of professional input into the individual accommodation plan (e.g., human Resources, union, family doctor, specialists):

\_\_\_\_\_



Adopted	Reviewed	Revised	Page
		9/365/08 6/201/09 BD20240523.1007	1 of 3

---

Accommodation measures are to be implemented from (start date) to (end date).  
If no end date is expected, the next review of this accommodation plan will occur on (review date).

The accommodation measure(s) should be reviewed regularly (i.e., annually).

**Description of Accommodation Measure(s)**

Which job requirement(s) and related tasks require accommodation?

- 1.
- 2.
- 3.

What are the objectives of the accommodation? (i.e., what must the accommodation do to be successful)?

- 1.
- 2.
- 3.

Which accommodation strategies/tools have been selected to aid this task/activity?

- 1.
- 2.
- 3.

**Accessible Formats and Communication Supports**

Upon request, this information will be shared with the affected employee with consideration to their communication requirements. (i.e., in email only).

---

*Accomplish Anything*

Adopted	Reviewed	Revised	Page
05/220/04		9/365/08 6/201/09 BD20240523.1007	2 of 3

**Additional Documents**

Document	Yes	No
Emergency Plan		
(Others)		
Return-to-Work Plan		

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Manager's signature

*Accomplish Anything*

Adopted 05/220/04	Reviewed	Revised 9/365/08 6/201/09 BD20240523.1007	Page 3 of 3
----------------------	----------	--	----------------