



Americans with Disabilities Act Review

Section 1: Determination of Disability

Does the individual have a **current disability**?

Yes No

If yes, what is the impairment?

Is a major life activity affected by the impairment?

Yes No

If yes, what is the alleged major life activity? (check all that apply):

- | | | | | |
|--|-----------------------------------|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Learning | <input type="checkbox"/> Performing manual tasks | | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Caring for oneself | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Eating | <input type="checkbox"/> Reproduction | <input type="checkbox"/> Sexual functions | |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Running | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Controlling bowels | |
| <input type="checkbox"/> Major bodily functions | <input type="checkbox"/> Other: | | | |

Does the impairment *substantially limit* the major life activity?

Yes No

The information contained in this document is protected health information and should be used only by individuals responsible for evaluating and implementing accommodation under the Americans with Disabilities and the ADA Amendments Acts.

What can the individual do? Cannot do? What would the individual's condition be like without, for example, medication, mitigating measures, behavioral modification?

How long is the condition expected to last?

If the major life activity is "working," identify the class of jobs or broad range of jobs that the individual cannot perform because of the impairment.

Does the individual have a **record** of an impairment? Yes No

What is/was the impairment?

Was a major life activity affected by the impairment? Yes No

If yes, what major life activity is affected? (check all that apply):

- | | | | | |
|--|-----------------------------------|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Learning | <input type="checkbox"/> Performing manual tasks | | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Caring for oneself | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Eating | <input type="checkbox"/> Reproduction | <input type="checkbox"/> Sexual functions | |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Running | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Controlling bowels | |
| <input type="checkbox"/> Major bodily functions | <input type="checkbox"/> Other: | | | |

Did the impairment *substantially limit* the major life activity? Yes No

What was the individual unable to do (in the past) and able to do. Compare limitations to that of an average person.

How long did the condition last?

The information contained in this document is protected health information and should be used only by individuals responsible for evaluating and implementing accommodation under the Americans with Disabilities and the ADA Amendments Acts.

Has the individual been “**regarded as**” having a disability? Yes No

Did the individual claim that he or she has been regarded as affected in a major life activity because of the impairment? Yes No

If yes, what major life activity is affected? (check all that apply):

- | | | | | |
|--|-----------------------------------|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Speaking | <input type="checkbox"/> Breathing | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Thinking | <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing | <input type="checkbox"/> Reaching | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Interacting with others | <input type="checkbox"/> Learning | <input type="checkbox"/> Performing manual tasks | | |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Lifting | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Caring for oneself | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Eating | <input type="checkbox"/> Reproduction | <input type="checkbox"/> Sexual functions | |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Running | <input type="checkbox"/> Concentrating | <input type="checkbox"/> Controlling bowels | |
| <input type="checkbox"/> Major bodily functions | <input type="checkbox"/> Other: | | | |

Does the individual claim that he or she has been “regarded as” “*substantially limited*” in the major life activity? Yes No

Why does the individual claim he or she has been “regarded as” “substantially limited” in one of the major life activities identified above.

Does the individual claim that he or she has been subjected to an allegedly discriminatory employment action because of an actual or perceived impairment? Yes No

Describe:

Is the impairment minor and transitory? Yes No

Section 2: Determining Whether an Individual is Qualified

Does the individual have the required skill, education, and experience for the job and does he or she meet other qualification standards? Yes No

If not, does the individual claim that he or she is being denied the position because of a qualification standard that screens him or her out because of a disability? Yes No

Describe the qualification standard:

Why does the individual claim his or her disability keeps him or her from meeting the qualification standard?

If the qualification standard screens out the individual because of a disability, is it necessary to perform an essential function of the job or to prevent a direct threat? Yes No

What are the functions of the job?

What are the "essential" functions of the job?

What evidence or documentation supports this determination?

- | | |
|---|--|
| <input type="checkbox"/> Employer's judgment | <input type="checkbox"/> Written job description |
| <input type="checkbox"/> Amount of time spent performing function | <input type="checkbox"/> Consequences of not performing |
| <input type="checkbox"/> Terms of CBA | <input type="checkbox"/> Nature of work operation |
| <input type="checkbox"/> Experience of past employees in position | <input type="checkbox"/> Experience of employees currently in position |
| <input type="checkbox"/> Organization structure | <input type="checkbox"/> Other |

What are the "marginal" functions of the job?

What supports this determination?

Can the individual perform the essential functions of the position, either with or without a reasonable accommodation? Yes No

Does the individual need a reasonable accommodation? Yes No

Section 3: Is the Individual Entitled to a Reasonable Accommodation?

What category of "disability" does the individual claim? Current Record of Regarded as

Has the reasonable accommodation process been triggered because the individual has requested a job modification because of a medical condition that could be a disability? Yes No

Describe:

Has the reasonable accommodation process been triggered because the employer knows the individual has a disability and has a reason to know that the individual needs a reasonable accommodation? Yes No

Describe:

In what aspect of employment is a reasonable accommodation needed?

Application process Performance of job (including leave) Benefits and privileges of employment

What accommodation was requested?

Equipment Reader Interpreter Policy modification Accessibility
 Job restructure (marginal functions) Modification of work schedule Reassignment
 Examinations/training materials Other:

Describe the requested accommodation

Is the reasonable accommodation needed *because of* a disability? Yes No

Has there been an “interactive process” to identify an effective accommodation? Yes No

If yes, check all that apply and attach documents.

Accommodation discussion with individual

Assistance in determining accommodation from any outside source

Has accommodation been provided? Yes No

If yes, does it work? Describe:

Would providing reasonable accommodation impose an undue hardship? Yes No

If yes, check all that would apply and detail:

Nature and net cost Impact on financial resources Type of operation CBAs

Impact on the operation Impact on other employees’ ability to perform duties

Section 4: Does the Individual Pose a Direct Threat?

The individual with a disability poses a significant risk of substantial harm to himself, herself, or others and there is not a reasonable accommodation that would lower the risk of harm below that level.

Is the employee being screened out for safety-related reasons? Yes No

Describe the risk

Is the specific risk identified?

Yes No

Describe the risk

Is the risk significant or probable?

Yes No

What is the duration?

Is the specific harm identified?

Yes No

Describe:

Is the harm substantial/serious?

Yes No

Is the harm imminent?

Yes No

Can the risk or the harm be reduced by providing reasonable accommodations?

Yes No

Was there an "interactive process" to identify an effective accommodation?

Yes No

Was accommodation discussed with the individual?

Yes No

Detail (include attachments if needed):

Was assistance requested from an outside source?

Yes No

Detail:

Has accommodation been provided?

Yes No

If accommodated, was it effective?

Yes No

Would providing reasonable accommodation impose an undue hardship? Yes No

If yes, check all that would apply and detail:

- Nature and net cost Impact on financial resources Type of operation CBAs
 Impact on the operation Impact on other employees' ability to perform duties

Summarize if the essential job functions implicate the safety of others.

Assessment completed by:

Sections

Name: 1 2 3 4

Title:

Name: 1 2 3 4

Title:

Name: 1 2 3 4

Title:

Name: 1 2 3 4

Title:

This information is general and is provided for educational purposes only. It is not intended to provide legal advice.
You should not act on this information without consulting legal counsel or other knowledgeable advisors.



Shared Wisdom. Powerful Results.®

The information contained in this document is protected health information and should be used only by individuals responsible for evaluating and implementing accommodation under the Americans with Disabilities and the ADA Amendments Acts.