

# Accommodations Self Assessment Template



Name: \_\_\_\_\_

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

Due to a medical condition, injury and/or disability, I may require adaptations to a typical work environment so that I can fully apply my skills and knowledge to the job.

Adaptations may be required for the following (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Standing                    | <input type="checkbox"/> Attention/Focus/Concentration  |
| <input type="checkbox"/> Sitting                     | <input type="checkbox"/> Working memory                 |
| <input type="checkbox"/> Stair Climbing              | <input type="checkbox"/> Processing verbal information  |
| <input type="checkbox"/> Fatigue                     | <input type="checkbox"/> Processing written information |
| <input type="checkbox"/> Handwriting                 | <input type="checkbox"/> Stress/anxiety                 |
| <input type="checkbox"/> Lifting/Carrying/Reaching   | <input type="checkbox"/> Low mood/depression            |
| <input type="checkbox"/> Grasping/Gripping/Dexterity | <input type="checkbox"/> Social interactions            |
| <input type="checkbox"/> Keyboarding                 | <input type="checkbox"/> Organization/Time management   |

Other areas:

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My work environment may require the following adaptations (check all that apply):

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| <input type="checkbox"/> Speech to text software  | <input type="checkbox"/> Flexible work schedule  |
| <input type="checkbox"/> Text to speech software  | <input type="checkbox"/> Written instructions    |
| <input type="checkbox"/> Headset                  | <input type="checkbox"/> Verbal instructions     |
| <input type="checkbox"/> Ergonomic chair          | <input type="checkbox"/> Hands on learning       |
| <input type="checkbox"/> Sit to stand desk        | <input type="checkbox"/> Time management tools   |
| <input type="checkbox"/> Ergonomic mouse          | <input type="checkbox"/> Organizational tools    |
| <input type="checkbox"/> Ergonomic keyboard       | <input type="checkbox"/> Screen overlay          |
| <input type="checkbox"/> Noise cancelling headset | <input type="checkbox"/> Captioning              |
| <input type="checkbox"/> Earplugs                 | <input type="checkbox"/> Audio capable documents |
| <input type="checkbox"/> Quiet environment        | <input type="checkbox"/> Large font              |

Other adaptations:

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Additional information (optional):