

The Toronto District School Board is committed to accommodating people with disabilities and will use the following process to identify and meet employee accommodation needs.

1. Recognize the need for accommodation

Accommodation can be:

- Requested by the employee
- Identified by the employee's Principal/Supervisor/Manager

2. Gather relevant information and assess individual needs

The employee is an active participant in this step

- Information will be collected on the employee's functional abilities, not the nature of the employee's disability
 - The employee's personal information, including medical information, is kept secure and dealt with in a confidential manner. It will only be disclosed to individuals who need it to perform the accommodation process.
- The employee and his/her Principal/Supervisor/Manager will work together to find the most appropriate accommodation
 - A medical or other expert may be engaged (at the company's expense) to help determine if/how the employee's needs can be accommodated
 - The employee may ask a bargaining agent or other workplace representative to participate in the process

3. Write an individual accommodation plan

After identifying the most appropriate accommodation(s), the details will be documented in a written plan, including:

- What accommodations(s) will be provided
- How to make information accessible to the employee, including accessible formats and communication supports
- Employee emergency information and/or emergency response plan (if applicable)
- When the plan will be reviewed and updated

The Principal/Supervisor/Manager will give the employee in an accessible format (if required), a copy of the individual accommodation plan, or written reasons for denying accommodation.

4. Implement, monitor and update the plan

After implementing the accommodation plan, the employee and his/her Principal/Supervisor/Manager will monitor and review the plan to ensure that it is effective. Formal review and updates will take place on the mutually agreed upon, predetermined schedule in the employee's accommodation plan. If the accommodation is no longer appropriate, the employee and the Principal/Supervisor/Manager will reassess the situation (step 2) and update the plan.

The accommodation plan will also be reviewed and updated if:

- The employee's work location or position changes
- The nature of the employee's disability changes



Confidential when completed

Employee Information

Last Name | First Name

Title/Department

Principal/Manager/Employee Services Information

Last Name | First Name

Title/Department

Accommodations		Next plan review	
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	OR Frequency

Limitations

List any functional limitations that the employee experiences, how it affects different aspects of his/her job and if each task is an essential part of the role.

1. Limitation

Tasks/activities affected

Essential Job requirement?
Yes No

Accommodations

Using the list of tasks from the limitations section above, identify what types of accommodation or support would help the employee accomplish the task. List a strategy or tool that will provide that accommodation.

1. Task

What must the accommodation achieve?

Accommodation strategy

Implementation

List the actions required to achieve the accommodation(s) identified in the prior section.

1. Action

Assigned to

Due Date (yyyy/mm/dd)

Date Completed (yyyy/mm/dd)

Information sources

Identify and include the contact information for any experts consulted when building the plan (e.g., Employee Services, family doctor, specialists)

Last Name

First Name

Title/Role

Email Address

Telephone Number

Ext.

Related documents

Attach any additional documents required to support the employee

- Employee emergency plan (if applicable)
- Accessible format of the individual accommodation plan (if needed)
- What type(s) of accessible formats and/or communications support the employee needs (if requested)
- Return to work plan (if applicable)
- Other (specify)

Comments/Notes

Use this section for any additional information (e.g. details of alternative work arrangements, etc.)

Signature (Receipt of this document)

Employee's Signature

Date (yyyy/mm/dd)

Principal/Supervisor/Manager Signature

Date (yyyy/mm/dd)

Required Distribution: Employee
Principal/Supervisor/Manager
Disability Case Administrator