



we are future makers

Disability Self-Identification and Needs Assessment Survey

Please complete the questions below after carefully reviewing the definitions of disability and reasonable accommodation that follow:

Definitions

A person having a disability:

- Has a physical or mental impairment which makes achievement unusually difficult, limits the capacity to work, or limits one or more major life activities (e.g., speaking, hearing, walking, self-care); **OR**
- Has a record of such an impairment (e.g., a person may be completely recovered from a previous physical or mental impairment such as heart disease or cancer but still may have difficulty in job situations because of his or her medical history); **OR**
- Is perceived as having such an impairment (e.g., physical disfigurements).

A reasonable accommodation:

- Is a logical change or adjustment in job duties or the work environment which enables a person with a disability to perform his or her job.
- May include, but is not limited to, acquiring or modifying equipment (e.g., special chairs, phones); restructuring facilities (e.g., entrances, bathrooms); or revising jobs (e.g., hours, duties).

Questions

1. Employee Number or Name: _____

2. Job Title: _____

3. Date: _____ 4. Supervisor: _____

5. Do you consider yourself to have a disability as defined above? Yes No

If yes, and you would like to state the condition, please specify. _____

6. Do you need any changes in your job duties or work environment to do your job better?

Yes No If yes, please explain. _____

7. Would you need special help in the event of an emergency? Yes No

If yes, please specify the type of assistance needed. _____

8. Do you have any suggestions for improving LTC's policies or practices which may affect persons with disabilities? Yes No If yes, please explain. _____
