

**FORM FOR INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT**

**Applicant’s Name:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_

**Center Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Interview conducted by:**     Telephone     In person     Videoconference

In determining whether, in your professional judgment, the individual named above has a medical condition or disability that poses a direct threat, consider the following and respond accordingly.

Factors to be considered in determining whether a “significant risk of substantial harm” exists include: (1) duration of the risk, (2) nature and severity of the potential harm, (3) likelihood that the potential harm will occur, and (4) imminence of the potential harm.

Under the law, the burden is on Job Corps to prove that a specific individual poses a direct threat. Therefore, if the objective, factual information about the specific individual named above is equivocal, or is insufficient to *prove* that a direct threat exists, you must assume that the individual’s disability or medical condition does not pose a direct threat.

If you determine that a “significant risk of substantial harm” exists, consider whether any accommodations or modifications would reduce the risk, and list any suggested accommodations or modifications. Do not consider whether, in your view, a particular accommodation or modification is “reasonable.” That determination must be made by the center director or his/her designees.

**1. What is the nature and severity of the potential harm?**

**a. What kind of harm is potentially posed by this individual’s medical condition or disability? (Check the specific symptom(s) or behavior(s) or list under "Other")**

- Threat of violence – assaultive behavior
- Threat of sexually inappropriate behavior
- Suicidal behavior
- Self injury
- Serious or life threatening medical condition
- Homicidal behavior
- Severely impaired concentration
- Severely impaired judgment
- Severely impaired impulse control
- Severe sensory impairment
- Paranoid thinking
- Abusive behavior towards authority and/or peers
- Unpredictable changes in behavior
- Drug and alcohol use/dependence
- Other (specify): \_\_\_\_\_

**b. What is the seriousness of the potential harm in this particular case (e.g., death, incapacitation, serious injury, minor injury/emotional distress)?**

\_\_\_\_\_

**2. What is the duration of the risk (i.e., how long will the risk last)?**

\_\_\_\_\_

**3. What is the likelihood that the potential harm will occur (i.e., high, moderate, or low)?**

\_\_\_\_\_

**4. What is the imminence of the potential harm (i.e., how soon is the harm likely to occur)?****5. Reasonable Accommodation Consideration**

Is this applicant a person with a disability?  Yes  No  
(i.e., documentation of a mental health, medical, substance-abuse, cognitive, or other type of disability is present in the applicant file or the disability is obvious (i.e., blind, deaf).

If no, please skip to # 6. If yes, convene the reasonable accommodation committee (RAC) along with the applicant and list below any accommodations and/ or modifications discussed with the applicant that could either remove or reduce the direct threat.

Note: Accommodations or modifications are not things that treat the impairment; they are things that will help the individual participate in the program. See Program Instruction 08-26 "Reasonable Accommodation and Case Management" for guidance.

- The RAC has been unable to identify any accommodations appropriate to support this applicant.
- The following accommodations/modifications listed below have been discussed with the applicant and considered as a part of this assessment:

*Please avoid suggesting extreme accommodations already known to likely be unreasonable unless the applicant has requested a specific support (i.e., 24 hour supervision). If unsure if a support or modification is really an accommodation or is actually a case management support, please contact your regional health and disability consultants for assistance.*

**Based on the specific symptoms and/or behaviors checked in Section 1a, please check the appropriate accommodations below discussed with the applicant.** *Please note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations and accommodations beyond this list which can be entered in the "Other" section.*

**Are there any changes we can make to our center policies, procedures, or practices to eliminate or reduce the level of threat?**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Schedule adjustments to allow the student to attend necessary off-center appointments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortened training day or later start to the training day to adjust for medication side effects                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Modified first 30 days on center with a reduction in tasks to minimize stress  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provide applicant with pass to leave class if he/ she begins to feel anxious, angry or upset and go to designated "calm down" area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allow frequent breaks during the day   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Allow telephone calls during work hours to doctors and others for needed support   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reduce mandatory participation in large group activities   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provide additional orientation on conduct and behavioral expectations  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other _____  |                              |                             |

**Are there any physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of threat?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Provide single dorm room  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Modified door/window locks for safety   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RA) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- Provide dorm room closer to RA's office  Yes  No
- Allow mobility coach  Yes  No
- Allow refrigerator in room  Yes  No
- Other \_\_\_\_\_

**Can we adjust our level of supervision or structure at the center to eliminate or reduce the level of threat?**

- Provide staff mentor as needed (like a job coach)  Yes  No
- Provide student mentor as needed  Yes  No
- Other \_\_\_\_\_

**Can our instructors and/or RA staff adjust their communication methods in a way to eliminate or reduce the level of threat?**

- Provide detailed guidance  Yes  No
- Provide frequent feedback  Yes  No
- Provide praise and positive reinforcement  Yes  No
- Other \_\_\_\_\_

**Is there any special equipment or device to consider that can eliminate or reduce the level of threat?**

- Provide visual barriers to reduce startle responses  Yes  No
- Use of headphones to minimize distractions  Yes  No
- Other \_\_\_\_\_

**Allow special medical equipment in room and in trade**

- Permission to use a service animal  Yes  No
- Other \_\_\_\_\_

**Summarize any special considerations and findings of the RAC as well as the applicant's input:**

*Please Note: Job Corps cannot impose accommodations upon an individual. If the applicant does not accept or agree to a specific accommodation, there is no need to consider that specific accommodation in your determination of whether the accommodations listed will reduce the barriers to enrollment sufficiently or not nor is there a need to complete a reasonableness review related to that specific accommodation.*

Reasonable Accommodation Considerations:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did the applicant participate in the RAC meeting? (Note: The applicant must be a part of the discussion for reasonable accommodation).

RAC Participants:			
Name:		Position:	
Name:		Position:	
Name:		Position:	

If there is a recommendation for an applicant to be enrolled with the accommodations or modifications listed in # 5 above which you believe are not reasonable and/or pose an undue hardship, the **Center Director is responsible for making that determination** using the “Accommodation Recommendation of Denial Form” found on the Job Corps Disability website and including that form along with the applicant file that is being submitted to the regional office with a recommendation for denial. The final determination is made by the regional office.

Guidance on how to make this determination is available in the “Evaluating a Request and Denying a Request” sections of Appendix 605. Please attach the completed “Accommodation Recommendation of Denial Form.”

If there are agreed upon accommodations between the RAC and applicant listed above, then consider whether those accommodations reduce or eliminate the direct threat to allow for the applicant to be enrolled.

- If the accommodations would sufficiently reduce or eliminate the direct threat, then you do not need to complete the remainder of this assessment and the center can assign the applicant a start date. Retain all the paperwork included in completing this assessment within the applicant’s Student Health Record.
- If the accommodations would NOT sufficiently reduce or eliminate the direct threat, please proceed to #6.

**6. Based on the factors above, does the named individual have a medical condition or disability that poses a significant risk of substantial harm to the safety of himself/herself or of others if he or she participates in Job Corps?**

- In my professional judgment, the individual’s participation poses a direct threat.
- In my professional judgment, the individual’s participation does not pose a direct threat.

---

**Printed or Typed Name and Title of Licensed Health Provider Completing Form**

---

**Signature of Licensed Health Provider Completing Form**

**Date**