**PRE-DAP FORM FOR DIRECT THREAT ASSESSMENTS**

**NOTE: THIS IS A SUGGESTED FORM AND NOT REQUIRED BY THE PRH**

This form is used to facilitate the **Post Assessment Reasonable Accommodation Review** (after Form 2-04 Question 7)that must be conducted when applicants/students who are individuals with a disability have been determined to pose a direct threat to others. In collaboration with the Disability Coordinator (DC), you will need to consider possible disability accommodations (RA/RM/AAS) that may reduce or remove the direct threat to others.

There are **5 types of disability accommodations** to consider that may eliminate or reduce the level of risk of direct threat to others:

Disability Accommodations

RA = reasonable accommodation

RM = reasonable modification in policies, practices, or procedures

AAS = auxiliary aids and services

1. What changes can we make to our center policies, procedures, or practices?
2. What are the physical changes or placement considerations in the dorm we can make?
3. What can we do to adjust our level of supervision or structure at the center?
4. How can our instructors and/or RA/RC staff adjust their communication methods?
5. What equipment, device, or auxiliary aids and services can we consider?

**STEP 1**: **IDENTIFY POSSIBLE RA/RM/AAS**

* In the table, for each of the 5 types of disability accommodations, **identify** possible RA/RM/AAS to reduce or remove the direct threat to others by:
  + Checking the appropriates boxes on the left-hand side of the table and/or
  + Writing in additional RA/RM? in the OTHER section that may reduce this applicant’s/student’s level of risk.

**-- OR --**

* If you, in collaboration with the Disability Coordinator, have been unable to identify any RA/RM/AAS appropriate to support this applicant/student to reduce or remove the direct threat, check this box and complete the box below the table of possible accommodations.

**STEP 2**: **DISCUSS and DOCUMENT**

* You or the DC should **initiate an interactive process** with the applicant/student with a disability to **discuss** the RA/RM/AAS checked or suggested in STEP 1, then **document** whether the applicant/student accepted, declined, or there is agreement to modify the proposed RA or RM.
* If a disability accommodation is requested by an applicant/student or an individual acting on behalf of the applicant/student, these must be given primary consideration and documented in the 2nd box below the table of possible RA/RM/AAS.

**AFTER DAP**

* Transfer the information from this form to your completed Form 2-04 before signing and submitting the recommendation of denial to the Regional Office for review.

Post Assessment Reasonable Accommodation Review Table

|  |  |  |  |
| --- | --- | --- | --- |
| **What changes can we make to our center policies, procedures, or practices to eliminate or reduce the level of risk?** | | **Accepts** | **Declines** |
|  | Schedule adjustments to allow the student to attend necessary off-center appointments |  |  |
|  | Shortened training day or later start to the training day to adjust for medication side effects |  |  |
|  | Modified first 30 days on center with a reduction in tasks to minimize stress |  |  |
|  | Provide a pass to leave class and go to designated “calm down” area |  |  |
|  | Allow frequent breaks during the day |  |  |
|  | Allow telephone calls during work hours to doctors and others for needed support |  |  |
|  | Reduce mandatory participation in large group activities |  |  |
|  | Provide additional orientation on conduct and behavioral expectations |  |  |
| **OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES** | | **Accepts** | **Declines** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **What are the physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of risk?** | | **Accepts** | **Declines** |
|  | Provide single dorm room |  |  |
|  | Modified door/window locks for safety |  |  |
|  | Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RAs)/Residential Counselors (RCs) |  |  |
|  | Provide dorm room closer to RA’s/RC’s office |  |  |
|  | Allow refrigerator in room |  |  |
| **OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES** | | **Accepts** | **Declines** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **What can we do to adjust our level of supervision or structure at the center to eliminate or reduce the level of risk?** | | **Accepts** | **Declines** |
|  | Provide staff mentor as needed (like a job coach) |  |  |
|  | Provide student mentor as needed |  |  |
|  | Provide additional or different auxiliary aids or services |  |  |
| **OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES** | | **Accepts** | **Declines** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk?** | | **Accepts** | **Declines** |
|  | Provide detailed guidance |  |  |
|  | Provide frequent feedback |  |  |
|  | Provide praise and positive reinforcement |  |  |
| **OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES** | | **Accepts** | **Declines** |
|  | |  |  |
|  | |  |  |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **What equipment, device, or auxiliary aids and services can we consider that can eliminate or reduce the level of risk?** | | **Accepts** | **Declines** |
|  | Provide visual barriers to reduce startle responses |  |  |
|  | Use of headphones to minimize distractions |  |  |
| **OTHER EQUIPMENT, DEVICES, OR AUXILIARY AIDS AND SERVICES** | | **Accepts** | **Declines** |
|  | |  |  |
|  | |  |  |
|  | |  |  |

Instructions

Complete this box if you, in collaboration with the DC, have been unable to identify an RA/RM/AAS appropriate to support this applicant/student to reduce or remove the direct threat. Write “Not Applicable” if RA/RM/AAS were identified in the table above (even if the applicant/student declined them).

|  |
| --- |
| Complete this section if the qualified health professional, in collaboration with the Disability Coordinator, has been unable to identify any RA/RM/AAS appropriate to support this applicant/student to reduce or remove the direct threat. *Provide explanation/justification here. For example, the applicant has a current and/or extensive history of aggression and violence that is escalating in frequency and severity.* |
|  |

Instructions

Complete this box if:

* The applicant/student or an individual acting on behalf of the applicant/students requests one or more disability accommodations.
* The applicant/student did not wish to discuss accommodations or was unable to discuss accommodations due to, for example, disorganized thinking, psychosis or reported/suspected use of alcohol or drugs prior to the DAP discussion.
* Write “Not Applicable” if there were not special considerations or findings in terms of the discussion of accommodations or the applicant’s/student’s input.

|  |
| --- |
| *Summarize any special considerations and findings as well as the applicant’s or student’s input related to* ***accommodations ONLY****. For example, if the applicant/student does not wish to discuss accommodations, document that information here.* |
|  |