**PRE-DAP FORM FOR HEALTH CARE NEEDS ASSESSMENTS**

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

Disability Accommodations

RA = reasonable accommodation

RM = reasonable modification in policies, practices, or procedures

AAS = auxiliary aids and services

**CMHCs**: This form is used to facilitate the **Post Assessment Reasonable Accommodation Review** (after Form 2-05 Question 5)that must be conducted when applicants/students who are individuals with a disability have been determined to have health care management needs that exceed Job Corps Basic Health Care Responsibilities in Exhibit 2-4.

In collaboration with the Disability Coordinator (DC), you will need to consider possible disability accommodations (RA/RM/AAS) that may reduce or remove the barriers to enrollment or to remaining in the program.

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| --- |
| **Sources of Potential Accommodations to Consider** |
| Functional limitations, symptoms, and behaviors identified in HCNA Question #2 | Requests from applicant/student or individuals acting on applicant/student’s behalf |
| Chronic Care Management Plans (CCMPs)* Restrictions/Limitations question
* Accommodations question
 | RA/RM that you propose* Research on Job Corps Disability website
* Research on the Job Accommodation Network
* Consult with Regional Disability Coordinator
 |
| School Disability Documents* IEP/504 Plan
* Behavior Intervention Plan
 |

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

* In the table, for each functional limitation identified in Question 5, **identify** possible RA/RM/AAS that may reduce or remove the barriers to enrollment or remaining in the program 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, 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 last row of the table (**OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES)**.

**AFTER DAP**

* Transfer the information from this form to your completed Form 2-05 before signing and submitting the recommendation of denial to the Regional Office for review.

Post Assessment Reasonable Accommodation Review Table

|  |  |  |
| --- | --- | --- |
| **Avoidance of group situations and settings** | **Accepts** | **Declines** |
|[ ]  Allow student to arrive 5 minutes late for classes and leave 5 minutes early |[ ] [ ]
|[ ]  Excuse student from student assemblies and group activities |[ ] [ ]
|[ ]  Identify quiet area for student to eat meals in or near cafeteria |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty coping with panic attacks** | **Accepts** | **Declines** |
|[ ]  Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person |[ ] [ ]
|[ ]  Provide flexible schedule to attend counseling and/or anxiety reduction group |[ ] [ ]
|[ ]  Allow student to select most comfortable area for them to work within the classroom trade site |[ ] [ ]
|[ ]  Provide peer mentor to shore up support |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty managing stress** | **Accepts** | **Declines** |
|[ ]  Allow breaks as needed to practice stress reduction techniques |[ ] [ ]
|[ ]  Modify education/work schedule as needed |[ ] [ ]
|[ ]  Identify support person on center and allow student to reach out to person as needed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty regulating emotions** | **Accepts** | **Declines** |
|[ ]  Allow breaks as needed to cool down |[ ] [ ]
|[ ]  Allow flexible schedule to attend counseling and/or emotion regulation support group |[ ] [ ]
|[ ]  Teach staff to support student in using emotion regulation strategies |[ ] [ ]
|[ ]  Provide peer mentor/support staff |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with communication** | **Accepts** | **Declines** |
|[ ]  Allow student alternative form of communication (e.g., written in lieu of verbal) |[ ] [ ]
|[ ]  Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g., present to teacher only) |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with concentration** | **Accepts** | **Declines** |
|[ ]  Allow use of noise canceling headset |[ ] [ ]
|[ ]  Reduce distractions in learning/work environment |[ ] [ ]
|[ ]  Provide student with space enclosure (cubicle walls) |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty handling change** | **Accepts** | **Declines** |
|[ ]  Provide regular meetings with counselor to discuss upcoming changes and coping |[ ] [ ]
|[ ]  Maintain open communication between student and new and old counselors and teachers  |[ ] [ ]
|[ ]  Recognize change in environment/staff may be difficult and provide additional support |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with memory** | **Accepts** | **Declines** |
|[ ]  Provide written instructions |[ ] [ ]
|[ ]  Allow additional training time for new tasks and hands-on learning opportunities |[ ] [ ]
|[ ]  Offer training refreshers |[ ] [ ]
|[ ]  Use flow-charts to indicate steps to complete task |[ ] [ ]
|[ ]  Provide verbal or pictorial cues |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with self-care** | **Accepts** | **Declines** |
|[ ]  Provide environmental cues to prompt self-care |[ ] [ ]
|[ ]  Assign staff/peer mentor to provide support |[ ] [ ]
|[ ]  Allow flexible scheduling to attend counseling/supportive appointments |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with sleep patterns** | **Accepts** | **Declines** |
|[ ]  Allow for a flexible start time |[ ] [ ]
|[ ]  Provide more frequent breaks |[ ] [ ]
|[ ]  Provide peer/dorm coach to assist with sleep routine/hygiene |[ ] [ ]
|[ ]  Increase natural lighting/full spectrum light |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Difficulty with social behavior, including impairment in social cues and judgment** | **Accepts** | **Declines** |
|[ ]  Assign mentor to reinforce appropriate social skills |[ ] [ ]
|[ ]  Allow daily pass to identified area to cool down |[ ] [ ]
|[ ]  Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors |[ ] [ ]
|[ ]  Adjust communication methods to meet students’ needs |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]

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| --- | --- | --- |
| **Difficulty with stamina** | **Accepts** | **Declines** |
|[ ]  Allow more frequent or longer breaks |[ ] [ ]
|[ ]  Allow flexible scheduling |[ ] [ ]
|[ ]  Provide additional time to learn new skills |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Impaired decision making/problem solving** | **Accepts** | **Declines** |
|[ ]  Utilize peer staff mentor to assist with problem solving/decision making |[ ] [ ]
|[ ]  Provide picture diagrams of problem-solving techniques (e.g., flow charts, social stories) |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Interpersonal difficulties with authority figures and/or peers** | **Accepts** | **Declines** |
|[ ]  Encourage student to take a break when angry |[ ] [ ]
|[ ]  Provide flexible schedule to attend counseling and/or therapy group |[ ] [ ]
|[ ]  Provide peer mentor for support and role modeling |[ ] [ ]
|[ ]  Develop strategies to cope with problems before they arise |[ ] [ ]
|[ ]  Provide clear, concrete descriptions of expectations and consequences |[ ] [ ]
|[ ]  Allow student to designate staff member to check in with for support when overwhelmed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Organizational difficulties** | **Accepts** | **Declines** |
|[ ]  Use staff/peer coach to teach/reinforce organizational skills |[ ] [ ]
|[ ]  Use weekly chart to identify and prioritize daily tasks |[ ] [ ]
|[ ]  Use assistive technology organization apps |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Sensory Impairments** | **Accepts** | **Declines** |
|[ ]  Modify learning/work environment to assist with sensitivities to sound, sight, and smells |[ ] [ ]
|[ ]  Allow student breaks as needed |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]
| **Uncontrolled symptoms/behaviors that interfere with functioning** | **Accepts** | **Declines** |
|[ ]  Alter training day to allow for treatment |[ ] [ ]
|[ ]  Allow passes for health services center outside of open hours to monitor symptoms |[ ] [ ]
|[ ]  Reduce tasks and activities during CPP to not aggravate symptoms/behaviors |[ ] [ ]
| **OTHER** | **Accepts** | **Declines** |
|  |[ ] [ ]
|  |[ ] [ ]
|  |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| **OTHER ACCOMMODATIONS, MODIFICATIONS, 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).

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| --- |
| 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 sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. *Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.*  |
|  |

Instructions

Complete this box if:

* The applicant/student did not wish to discuss accommodations or was unable to discuss accommodations due to, for example, disorganized thinking, or psychosis.
* 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* ***RA/RM/AAS ONLY****. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.* |
|  |