**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

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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **Difficulty with concentration** | | **Accepts** | **Declines** |
|  | Allow use of noise canceling headset |  |  |
|  | Reduce distractions in learning/work environment |  |  |
|  | Provide student with space enclosure (cubicle walls) |  |  |

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| **OTHER** | | **Accepts** | **Declines** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **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** |
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| **OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES** | **Accepts** | **Declines** |
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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.* |
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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.

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| *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.* |
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