Disability Data Collection Status Update

and Accommodation Plan Recommendations

Please use this form to document newly identified impairments that rise to the level of disability for inclusion in the CIS disability data collection or to recommend Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, and Auxiliary Aids and Services (RA/RM/AAS) for the development of or update to the student’s accommodation plan, as appropriate.

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| Student: |  | ID #: |  |
| Center: |  | Date: |  |

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| **New Diagnosis:** |  |
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| **Functional Limitations** | **Recommended RA/RM/AAS** **for the Functional Limitation\*** | **Where Needed (e.g., center-wide, training, residential, etc.)** |
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**Disability Data Provided by:**

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| --- | --- | --- | --- |
| **CMHC** |  | **Date:** |  |
| **Physician** |  | **Date:** |  |
| **TEAP** |  | **Date:** |  |
| **Oral Health** |  | **Date:** |  |

Please provide this document toa DC who will ensure the information is entered into CIS and that the disability accommodation process occurs.

**DC Note:** Since this document contains protected health and disability information, it should be stored in the health record after the information is entered in CIS.

*\* For RA/RM/AAS suggestions, visit the* [*Job Corps Disability Website, Common Disabilities and Related Disability Accommodation Resources*](https://supportservices.jobcorps.gov/disability/Pages/Common-Disabilities-%26-Related-Disability-Accommodation-Resources.aspx)