# Inclusive Accommodation Plan Template

#### **Types of Accommodations**

**Physical:** Tangible changes to the workspace or equipment.

Ex. Standing desk, specialized chair, wider isles for wheelchair use.

**Technical**: Use of tools, software, or technology to support access

Ex. Screen magnification tools, speech-to-text software, ergonomic mouse.

Process: Changes to how, when, or where work is done.

Ex. Modified work assignment, additional time for tasks or breaks.

Employee Name:

### **Employee Information**

Position Title:

Start Date:

1 - Accommo	dation	Need a	nd Suppor	t	
Accommodation					
Type of Support		Physical	Technical	Process	
Description of Support					
Staff Responsible					



Questions, adjustments, or accommodations needed?	
Contact Supervisor/HR Contact Name:	
Phone/Email:	



01

## 2 - Accommodation Need and Support

Accommodation			
Type of Support	Physical	Technical	Process
Description of Support			
Staff Responsible			

## 3 - Accommodation Need and Support

Accommodation			
Type of Support	Physical	Technical	Process
Description of Support			
Staff Responsible			



Questions, adjustments, or accommodations needed?

Contact Supervisor/HR Contact Name:

Phone/Email:

02

#### **Review Schedule**

Initial Review Date:		
Follow-Up Review Dates:		
Notes:		



Questions, adjustments, or accommodations needed?

Contact Supervisor/HR Contact Name:

Phone/Email: \_\_\_\_\_