INTERLAKE SCHOOL DIVISION

Individualized Accommodation Plan

Accessible Employment Policy — Form 1

Employee Name		**Position**	
School / Site		**Supervisor / Principal**	
Date of Request		**Date Plan Developed**	

A. Barrier(s) Identified

Describe the workplace barrier(s) affecting the employee (functional terms — avoid diagnosis unless volunteered):

B. Reasonable Accommodations to be Provided

Accommodation	How & When Provided

C. Accessible Formats / Communication Supports

☐ Large print ☐ Braille ☐ Audio recording ☐ Accessible electronic text

☐ Captioning ☐ ASL interpretation ☐ Plain-language summary ☐ Other: _____

D. Workplace Emergency Response Information

☐ Individual Emergency Response form completed (attached) ☐ Not required at this time

E. Assistance in Developing This Plan

Support person / bargaining agent rep. (if any)		**Independent evaluation requested?**	☐ Yes ☐ No

F. Review

Next Review Date		**Reviewed earlier at employee's request?**	☐ Yes ☐ No

A copy of this plan will be provided to the employee in an accessible format upon request. Personal and health information on this form is collected and protected under the ISD Accessible Employment Policy, FIPPA, and PHIA, and is shared only with those who need it to implement the plan.

Employee Signature / Date	Supervisor / Principal Signature / Date	Human Resources Signature / Date