#### Individual Accommodation Plan Form

In accordance with Section 28 of the O.Reg. 191/11: Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, George Brown College has in place this written process for the development of documented individual accommodation plans for employees with disabilities [(O.Reg. 191/11, s. 28 (1))](https://www.ontario.ca/laws/regulation/110191#BK29). Please reference the [GBC Workplace Accommodation](https://www.georgebrown.ca/aoda/policies.aspx) policy as needed.

Note: This form is to be completed by the Employee, in partnership with their Manager/Supervisor, with input as needed from: Human Resources, the Union, Health Care Professional(s), and/or Specialist(s).

## CASE DETAILS

|  |  |
| --- | --- |
| Employee Name: | Employee’s Job Title: |
| Manager/Supervisor Name: | Department: |
| Accommodation start date: | WSIB Claim # (if applicable): |

## ACCOMMODATION DETAILS

|  |
| --- |
| Sources of Input(expert input, resources, and supports used in plan development):[ ]  Human Resources Manager [ ]  Family Doctor/General Practitioner [ ]  Union Representative [ ]  Specialists |
| **Identified barriers** Which job requirements and related tasks require an accommodation? |
| **Recommended accommodations:** What strategies, tools and/or technologies have been selected to remove barriers and facilitate the related task or activity? |
| Actions to implement accommodation:  |
| Assigned to:Date:  |
| FOLLOW-UP SCHEDULE |
| If known, how long will the accommodations last? |
| Follow-up meetings will be scheduled:[ ]  As needed [ ]  Weekly [ ]  Bi-weekly [ ]  Monthly |
| If no end date is expected, the next review of this IAP will occur annually, unless both the Employee and Manager/Supervisor agree that review is required sooner, or agree that in the case of a permanent accommodation, a scheduled review is no longer required. |
| Date of next annual review (as required): |

The goal of the Individual Accommodation Plan is to support the disability need by removing barriers and providing reasonable accommodations to support the employee in meeting the expectations of the job requirements.

The following parties have agreed to this plan (please sign and date):

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Approved (if approval required):

Human Resources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Union Rep: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_