



*Huron-Superior Catholic District School Board*

**Appendix 3  
Individual Accommodation Plan**

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Title/Department: \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_

<b>Limitations</b>	<b>Job-related tasks/activities affected by limitations</b>	<b>Is this an essential job requirement?</b>

Sources of input into the individual accommodation plan e.g., human resources manager, family doctor, specialists:


Accommodation measures are to be implemented from \_\_\_\_\_ to \_\_\_\_\_  
(start date) (end date)

If no end date is expected, the next review of this accommodation plan will occur on

\_\_\_\_\_  
(These accommodation measure(s) should be reviewed annually, at a minimum)

**Description of Accommodation Measure(s)**

Which job requirements and related tasks require accommodation?	What are the objectives of the accommodation (i.e. what must the accommodation do to be successful)?	What accommodation strategies/tools have been selected to facilitate this task/activity?

**Roles and Responsibilities**

Outstanding actions to implement accommodation	Assigned to	Due date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Manager of Human Resources