



Distribution

Individual Accommodation Plan (IAP) – Sample

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THE LEGISLATIVE CONTEXT

This resource reflects the [Accessibility for Ontarians with Disabilities Act \(AODA\)](#) as well as federal requirements related to accessibility and accommodation. The tool will likely be compliant with similar legislation from other jurisdictions; however, consult your own provincial or territorial standards to confirm the specifics of your legislative requirements.

In any jurisdiction, employers who consistently put these principles into practice will lead the market in their employment practices for persons with disabilities.

Provincially Regulated in Ontario: Companies with 50+ employees are required under *Accessibility for Ontarians with Disabilities Act* to have a written process for the development of documented individual accommodation plans for employees with disabilities.

Individual Accommodation Plan (IAP) – A Sample

Instructions: Use this form to document the employee's accommodation requirements, accommodation options and the actions agreed to as part of [Company Name]'s accommodation process. The supervisor/ manager and the employee (and representative if requested by the employee), should jointly complete the information below.

PART 1 – EMPLOYEE INFORMATION

Employee Name: _____ Department: _____
Home Phone #: _____ Current Position: _____
Cell Phone #: _____ Current Manager: _____
Work Location: _____

Type of Limitation* (check all that apply)

Temporary Chronic Persistent Episodic

* **Temporary:** any limitation that may resolve with time (e.g., acute stress disorder, traumatic brain injury, recovery from surgery)
Chronic: any life-long limitation that does not resolve with time (e.g., diabetes, fibromyalgia, bipolar disorder)
Persistent: any limitation with symptoms that are almost always present (e.g., Parkinson's, visual impairment, OCD)
Episodic: any limitation with fluctuating periods of wellness and symptom presence (e.g., asthma, epilepsy, PTSD)

Work Type (check all that apply)

Driver Office Shop Warehouse

PART 2 – THE IAP PARTICIPANTS

List the participants involved in creating and implementing the IAP. Include the employee, supervisor, third party consultants, representatives, and medical specialist, as applicable.

Name:

Title/Role:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Additional Documentation Provided by Participants
(e.g. Functional Abilities form, emergency plan, medical notes)

Name of Document:

Provided By:

Attached

_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

PART 3 - DETAILS OF THE INDIVIDUAL ACCOMMODATION

Restrictions/Limitations:

Specific position-related tasks affected by limitations:

Potential strategies / tools / equipment required for accommodation:

Will training be required on any new or adjusted work methods, tools or equipment? Yes No

If yes, indicate the nature and timing of learning support that will be provided:

Are accessible formats or communication supports required by the employee? Yes No

If yes, indicate the accessible formats / supports that will be provided:

Accommodation measures implemented:

Has individual accessible workplace emergency response information been provided to the employee? Yes No

Does the employee require assistance during an emergency in the workplace? Yes No

If yes, and with employees' consent, has a designated representative been assigned? Yes No

PART 4 – IMPLEMENTATION AND REVIEW DATES

Accommodation measures are in place from: _____ [date] to: _____ [date]

If no earlier end date is expected, this IAP will be reviewed:

- Quarterly
- Semi-annually
- Annually
- Other _____

Questions or concerns about this accommodation plan can be addressed to:

Name:

Title/Role

PART 5 – SIGNATURES

This Individual Accommodation Plan has been developed in consultation with all stakeholders to ensure that the needs of both the employee and [Company Name] are met throughout the accommodation process.

Signature of Employee

Date

Signature of Supervisor/Manager

Date