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Tucson, AZ 85719

Human Resources Department

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INSTRUCTIONS FOR COMPLETING THE AMERICANS WITH DISABILITIES INTAKE APPLICATION

For questions, please call the Human Resources ADA Coordinator at 225-6444

The Americans with Disabilities Act (ADA) definition of an individual with a disability is very specific. A person with a “disability” is defined as an individual who:

- *has a physical or mental impairment that substantially limits one or more of his/her major life activities; (examples of major life activities include, but are not limited to, seeing, hearing, lifting, walking, learning, working or performing manual tasks)*
- *has a record of such an impairment; or,*
- *is regarded as having an impairment.*

The ADA prohibits employment discrimination against “qualified individuals with disabilities.” A qualified individual with a disability is an individual with a disability, who meets the skill, experience, education, and other job-related requirements of a position held or desired, and who, with or without reasonable accommodation, can perform the essential functions of a job.

The attached forms must be completed by the employee, the supervising administrator and the attending physician and returned within ten (10) working days to the ADA Coordinator in Human Resources. All questions on these forms must be answered completely. Incomplete or illegible answers may result in a delay of review. Please be sure to keep a copy of these forms and any attachments for your records.

PART A: EMPLOYEE’S STATEMENT - You, the employee, must complete this section. Please make sure you include your signature, date and all other requested information at the bottom of the form after you complete this section.

PART B: SUPERVISING ADMINISTRATOR’S STATEMENT - Your supervising administrator must complete and sign this section.

PART C: MEDICAL INQUIRY FORM – This is your Attending Physician’s statement. The physician who is *primarily* responsible for your care must complete this section. Please ensure that your physician personally signs and dates this statement.

*Attach any additional information you believe will assist us in evaluating your request.
All medical records obtained during the intake process are confidential
and should be sent directly to the ADA Coordinator.*

TUSD ADA INTAKE APPLICATION

PART A: - EMPLOYEE'S STATEMENT

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore? Yes No

If yes, please explain. _____

Is your accommodation request time sensitive? Yes No

If yes, please explain. _____

B. Questions to document the reason for accommodation request.

What, if any, job function are you having difficulty performing? _____

What, if any, employment benefit are you having difficulty accessing? _____

What limitation is interfering with your ability to perform your job or access an employment benefit? _____

Have you had any accommodations in the past for this same limitation? Yes No

If yes, what were they and how effective were they? _____

If you are requesting a specific accommodation, how will that accommodation assist you? _____

C. Other.

Please provide any additional information that might be useful in processing your accommodation request (attached additional sheet(s) if necessary): _____

Signature

Date

Employee ID#

Department/Site

Position Title

**Return Parts A, B and C to: Marcia McCaskill, EEO Compliance Officer/ADA Coordinator
HR Department, 1010 East Tenth Street, Building A, Tucson, AZ 85719.**

TUSD INTAKE APPLICATION
PART B: SUPERVISING ADMINISTRATOR'S STATEMENT

Applicant's Name: _____ Site: _____

Have you reviewed the Employee's Statement of this Intake Application?

_____ Yes _____ No

Have you done anything to assist the employee perform the functions of their job?
If yes, what have you done?

List any recommendations you have to assist the employee in doing his/her job.

Additional Comments

Signature

Date

Printed Name

Phone Number

Title

TUSD ADA INTAKE APPLICATION

PART C: MEDICAL INQUIRY FORM

[TO BE COMPLETED BY EMPLOYEE'S TREATING PHYSICIAN]

I authorize my treating physician/psychologist to release information requested in this document to TUSD for the purpose of facilitating my request for reasonable accommodation.

Signature _____ Date _____

Address _____ Phone _____

A. Questions to help determine whether an employee has a disability.

For reasonable accommodation under the ADA, an employee has a disability if he or she has an impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:

Does the employee have a physical or mental impairment?

Yes

No

If yes, what is the impairment?

Is the impairment long-term or permanent?

Yes

No

If *not* permanent, how long will the impairment likely last?

Answer the following questions based on what limitations the employee has when his or her condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include things such as medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, and learned behavioral or adaptive neurological modifications. Mitigating measures do not include ordinary eyeglasses or contact lenses.

Does the impairment substantially limit a major life activity?

Note: Does not need to significantly or severely restrict to meet this standard.

Yes

No

If yes, what major life activity(s) is/are affected?

- | | | | | |
|--|------------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Walking | <input type="checkbox"/> Hearing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Standing | <input type="checkbox"/> Seeing | <input type="checkbox"/> Sleeping | (describe) |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Concentrating | |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Learning | <input type="checkbox"/> Reproduction | |
| <input type="checkbox"/> Working | <input type="checkbox"/> Toileting | <input type="checkbox"/> Sitting | | |

Does the impairment substantially limit the operation of a major bodily function?

Note: Does not need to significantly or severely restrict to meet this standard.

Yes

No

If yes, what bodily function is affected?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Immune | <input type="checkbox"/> Hemic | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Other: (describe) |
| <input type="checkbox"/> Normal Cell Growth | <input type="checkbox"/> Special Sense Organs and Skin | <input type="checkbox"/> Endocrine | |
| <input type="checkbox"/> Digestive | <input type="checkbox"/> Lymphatic | <input type="checkbox"/> Reproductive | |
| <input type="checkbox"/> Bowel | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal | |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Brain | <input type="checkbox"/> Special Sense | |
| <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Cardiovascular | |

B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when the accommodation is needed because of the disability. The following questions may help determine whether the requested accommodation is needed because of the disability:

What limitation(s) is interfering with job performance?

What job function(s) is the employee having trouble performing because of the limitation(s)?

How does the employee's limitation(s) interfere with his/her ability to perform the job function(s)?

C. Questions to help determine effective accommodation options.

If an employee has a disability and needs an accommodation because of the disability, the employer must provide a reasonable accommodation, unless the accommodation poses an undue hardship. The following questions may help determine effective accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance? If so, what are they?

How would your suggestions improve the employee's job performance?

D. Comments:

Medical Professional's Signature: _____ Date: _____

Print Name/Specialty: _____

Practice Name/Address: _____ Phone: _____

_____ Fax: _____