



**ServeMontana
2018 Accommodation Assessment**

This annual survey is intended to help the Governor’s Office of Community Service (OCS) assess the National Service member experience with disability inclusion and accommodation requests. The information helps OCS provide training and technical assistance to National Service Program staff. Thank you for completing this Accommodation Assessment!

Instructions: To maintain anonymity, please do not identify yourself by name or number in the survey.
Self-disclosure of any disability is optional. Please check the box or boxes that apply to you.

1. Which National Service program are you currently serving with?

- | | | |
|--|--|---|
| <input type="checkbox"/> AmeriCorps VISTA | <input type="checkbox"/> 100 Fold Corps | <input type="checkbox"/> Big Sky Watershed Corps |
| <input type="checkbox"/> Communities in Action Corps | <input type="checkbox"/> Food Corps | <input type="checkbox"/> Justice for Montanans Project |
| <input type="checkbox"/> MT Conservation Corps | <input type="checkbox"/> MT Energy Corps | <input type="checkbox"/> MT Campus Compact |
| <input type="checkbox"/> MT State Parks AmeriCorps | <input type="checkbox"/> National Direct | <input type="checkbox"/> Senior Corps <input type="checkbox"/> Other: _____ |

2. Are you a: First year member Second year member Third year/plus member

3. What city or region is your primary service location?

- City _____
- Region _____

4. When you applied to serve in your program were you aware of the availability of reasonable accommodations*?

- Yes No

***Reasonable Accommodation** is any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. A reasonable accommodation must:

- Be feasible or plausible for the employer
- Enable the individual to perform the essential functions of a position

Reasonable accommodation examples include auxiliary aids/services, CCTV, an amplified audio listening device, a sign language interpreter, materials on audio tape, enlarged text documents, or adjusted work schedules.

5. Do you consider yourself to be a person with a disability? The Americans with Disabilities Act defines disability as a physical or mental impairment that substantially limits one or more major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment. For more definitions, visit: www.ada.gov

- Yes No Prefer not to disclose

6. Please, check any of the following conditions that substantially limit one or more of your major life activities; if you have a record of, or are regarded as having such impairment.

Definitions: <https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm>

- | | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Anxiety Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pulmonary Disability | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Amputation | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Visual |
| <input type="checkbox"/> Bipolar disorder | <input type="checkbox"/> Autism | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cancer | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Environmental Sensitivity | <input type="checkbox"/> Chemical or alcohol dependency |
| <input type="checkbox"/> other (specify) _____ | | |

7. Have you disclosed* a disability to any staff persons in your organization?

***Disclosure** can happen in a number of ways, from an informal conversation to a formal, written request for an accommodation. It can also happen at any time during the term of service, but it should occur as soon as a person realizes they may need an accommodation.

- Yes No N/A

8. If you have a disability, have you requested a reasonable accommodation for your term of service?

- Yes No N/A

a. If you requested a reasonable accommodation, was it provided by the program?

- Yes No N/A

Comment: _____

b. If provided, did the reasonable accommodation allow you to fully participate in the program?

- Yes No N/A

Comment: _____

9. Are you interested in learning more about disability inclusion? Yes No

If yes, what topics are of most interest to you?

- Disability Rights & Laws Reasonable Accommodation Etiquette & Communication
 Disability Awareness Other _____

For more information, visit www.ada.gov and www.eeoc.gov

Please return the completed survey to your program director or mail directly to:

Governor's Office of Community Service

PO Box 200801

Helena, MT 59620

To provide constructive feedback visit serve.mt.gov, email serve@mt.gov, or call 406.444.9077.

Thank you for your service to Montana and thanks again for completing this assessment!