



2026 Accommodation Assessment

This annual survey is intended to help the Governor's Office of Community Service (GOCS) assess the national service member experience with disability inclusion and accommodation requests. The information helps GOCS provide training and technical assistance to national service program staff. Thank you for completing this assessment!

Instructions: To maintain anonymity, please do not identify yourself by name 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"/> Community Health Corps Montana |
| <input type="checkbox"/> AmeriCorps Seniors (FGP, RSVP, SCP) | <input type="checkbox"/> FWP AmeriCorps |
| <input type="checkbox"/> National Direct (MCC, JVCNW) | <input type="checkbox"/> Justice for Montanans |
| <input type="checkbox"/> AgCorps | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Big Sky Watershed Corps | |

2. Are you a: ☐ First year member ☐ Second year member ☐ Third year/plus member ☐ Prefer not to disclose

3. When you applied to serve with AmeriCorps Montana were you aware of the availability of reasonable accommodation*?

***Reasonable Accommodation for an AmeriCorps applicant or service member** is any change in the service environment or in the way things are customarily done that enables an individual with a disability to enjoy equal service opportunities. Reasonable accommodation must be feasible or plausible for the program and/or service location, and enable the individual to perform the essential functions of a position.

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

- ☐ Yes ☐ No

4. Do you consider yourself to be a person with a disability*? ***If you answer no, skip to question 8.***

*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 (continue to next question) ☐ No (go to question 8)

5. Please, check any of the following impairment categories 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"/> Musculoskeletal Disorder | <input type="checkbox"/> Hematological Disorder | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Special Senses and Speech | <input type="checkbox"/> Skin Disorder | <input type="checkbox"/> Cancer (Malignant Neoplastic Disease) |
| <input type="checkbox"/> Respiratory Disorder | <input type="checkbox"/> Endocrine Disorder | <input type="checkbox"/> Immune System Disorder |
| <input type="checkbox"/> Cardiovascular System Disorder | <input type="checkbox"/> Congenital Disorder that Affects Multiple Body Systems | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Digestive Disorder | <input type="checkbox"/> Neurological Disorder | |
| <input type="checkbox"/> Genitourinary Disorder | | |

6. Have you disclosed* a disability to any staff person at your program or service location?

***Disclosure** can happen in a number of ways, from an informal conversation to a formal, written request for accommodation. It can also happen at any time during the term of service.

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ N/A (did not disclose disability)

Comment: _____

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

☐ Yes ☐ No ☐ N/A (did not request accommodation)

Comment: _____

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

☐ Yes ☐ No ☐ N/A (did not request accommodation)

Comment: _____

8. Are you interested in learning more about disability inclusion?

☐ Yes ☐ No

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

- ☐ Disability Rights & Laws
- ☐ Reasonable Accommodation
- ☐ Etiquette & Communication
- ☐ Disability Awareness
- ☐ Other (specify): _____
- ☐ N/A

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

Please return the completed survey to your program staff 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 for completing this assessment!