



**ServeMontana**  
**2024 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 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"/> Justice for Montanans                | <input type="checkbox"/> MT Public Health Corps |
| <input type="checkbox"/> MT Campus Compact  | <input type="checkbox"/> Big Sky Watershed Corps              | <input type="checkbox"/> MT FWP AmeriCorps      |
| <input type="checkbox"/> AmeriCorps Seniors | <input type="checkbox"/> National Direct (MCC, JVC, HFH, PHA) |   |
| <input type="checkbox"/> AgCorps            | <input type="checkbox"/> Other (specify): _____               |   |

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\*?

**\*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.

- Yes  No

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](http://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"/> Head Injury          | <input type="checkbox"/> Anxiety Disorder               |
| <input type="checkbox"/> Prefer not to answer    | <input type="checkbox"/> ADD or ADHD          | <input type="checkbox"/> Muscular Dystrophy             |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Pulmonary Disability | <input type="checkbox"/> Stroke                         |
| <input type="checkbox"/> Blind/Visual Impairment | <input type="checkbox"/> Amputation           | <input type="checkbox"/> Speech Impairment              |
| <input type="checkbox"/> Depression              | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Environmental Sensitivity      |
| <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"/> Chemical or alcohol dependency |
| <input type="checkbox"/> Multiple Sclerosis      | <input type="checkbox"/> Spinal Cord Injury   | <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.

- N/A                       Yes                       No

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

- N/A                       Yes                       No

Comment: \_\_\_\_\_

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

- N/A                       Yes                       No

Comment: \_\_\_\_\_

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

- N/A                       Yes                       No

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 (specify): \_\_\_\_\_  
 N/A

For more information, visit [www.ada.gov](http://www.ada.gov) and [www.eeoc.gov](http://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](http://serve.mt.gov), email [serve@mt.gov](mailto:serve@mt.gov), or call 406.444.9077.

***Thank you for your service to Montana, and for completing this assessment!***