



Individual Accommodation Plan

SECTION A – PERSONAL INFORMATION	
Employee's Name:	
Phone:	Email:
Job Title:	
School/Department:	
Room/Campus:	
Supervisor's Name:	
Phone:	Email:
Nature/Objective of Plan:	
Plan Start Date:	Plan End Date:
Medical Documentation Provided and Complete:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Accommodation Meeting Date:	
Accommodation Meeting Attended By:	
Updated Medical Documentation Required:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Updated Medical Documentation Required By:	

SECTION B – SUMMARY OF RESTRICTIONS AND LIMITATIONS

SECTION C – SUMMARY OF ACCOMMODATION MEASURES**SECTION D - REVIEW**

The AODA (2005) requires the Supervisor/Employee to update and revise the Individual Accommodation Plan at least annually, or based on the following:

- a) Accommodation requires change;
- b) Transfer to a different office or campus location at Lakehead University; or
- c) Job responsibility change.

Date of Next Review:

SECTION E - SIGNATURES

By signing below, you acknowledge that you understand and accept this Individual Accommodation Plan and it has been reviewed with you by your Supervisor.

Employee:

Date:

Supervisor:

Date: