

## **FORM 2-05**

### **HEALTH CARE NEEDS ASSESSMENT**

#### **Purpose**

To provide additional information and guidance on the health care needs assessment process currently outlined in Chapter 1, Section 1.5, R6 and Chapter 6, Section 6.2, R5.

#### **Background**

Job Corps can meet the majority of applicants' and students' treatment and monitoring needs. However, a small percentage of applicants and students may have health care management needs that present barriers to enrollment or continued participation in Job Corps. Any such determination must be made by Job Corps health services staff in accordance with federal nondiscrimination laws.

This document provides Job Corps health services qualified health professionals, including Trainee Employee and Assistance Program (TEAP) specialists, with guidance on how to determine whether an applicant or student has a medical, mental health, and/or substance abuse treatment/monitoring need that presents a barrier to enrollment or continued participation that cannot be addressed through the disability accommodation process.

For an applicant, this determination is derived in part by a review of the "Job Corps Health Questionnaire (ETA 6-53)."

The "Job Corps Health Questionnaire (ETA 6-53)" serves three main purposes:

1. Determine the health care needs of the applicant or student and assist in the assessment of whether those needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit 2-4 and these needs significantly interfere with or preclude further training in Job Corps.
2. Alert center staff to the potential need for a direct threat assessment to others.
3. Obtain consent for required routine medical assessments and/or consent to receive basic health care services.

For a student being placed on medical separation with reinstatement rights (MSWR), this determination is derived from qualified health professionals determining the student to have a preexisting or acquired health condition that:

1. Creates a significant risk of substantial harm to the health or safety of others (see Chapter 6, Section 6.2 R5.e)
2. Requires treatment beyond the basic health services provided by Job Corps; and

3. The necessary treatment will be unusually costly to Job Corps; and the use of Administrative Leave with Pay, Personal Leave with Pay, and other types of leave, and/or other methods of addressing relevant medical concerns without resorting to separation have been tried or considered in each individual case and determined to be insufficient. Medical Separation with Reinstatement Rights (MSWR) should be utilized prior to a regular medical separation being given.

If the student is an individual with a disability, prior to a discussion about consent or separation, the center must consider the relevant medical concerns and, determine, in conjunction with the student via an interactive interview, if there are any reasonable accommodation, reasonable modification in policies, practices or procedures, and auxiliary aids and services (RA/RM/AAS) that would address or mitigate any concerns, with the goal of allowing the student to participate in the Job Corps program to the maximum extent.

If the student meets one of three conditions above for a medical separation, first the qualified health professional(s) and any other applicable treating providers should collaborate with the student to determine whether they would consent to be placed on MSWR. If so, document the consent in the student health record (see Chapter 6, Section 6.2, R5.e.2), and the center qualified health professionals do not need to complete a health care needs assessment. If the student does not consent but has a health need for the MSWR given the three factors above, the qualified health professional(s) must complete the health care needs assessment process.

Medical separations are used only as a last resort, after the use of Administrative Leave with Pay, Personal Leave with Pay, and other types of leave, and/or other methods of addressing the relevant medical concerns without resorting to separation (including, for example, reasonable accommodations) have been tried or considered in each individual case and determined to be insufficient.

### **Instructions**

The attached form may be used to conduct an individualized assessment of an applicant's health care needs.

### **Who May Conduct the Assessment?**

The clinical assessment of health care needs falls under health services on each center. As such, these clinical assessments only properly determined by qualified health professionals who have *current, documented* expertise in the medical condition(s) or disability or disabilities involved in a particular case. General medical expertise, without expertise in the specific medical condition(s) or disabilities at issue in a given case, is insufficient.

The staff of a particular Center may not include a professional who has the current expertise necessary to conduct a health care need assessment for a specific applicant or student. Therefore, a Center may need to consult with the applicant's or student's individual treating provider, or may need to retain an outside provider with the necessary current expertise in the particular medical condition or disability and its effects, to conduct an assessment in a given case. Health

and Wellness Directors (HWDs) may assist in completing the assessment but may not sign the assessment.

The Center must document in writing why the particular health professional(s) chosen to conduct the assessment is/are considered to have the required documented, current expertise in the medical condition(s) or disability(ies) involved in a given case. This written documentation, including documentation of the medical professional's current expertise, must be retained in the applicant's or student's medical file.

### **Factors to Be Considered**

As mentioned above, to determine whether a specific individual with a medical condition or disability may have health care management needs that present barriers to enrollment or continued participation in Job Corps, the qualified health professional must assess whether the needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit 2-4 and if these needs significantly interfere with or preclude further training in Job Corps.

If the qualified health professional considers the health care needs and determines that the individual has a condition or disability (a physical or mental impairment that substantially limits one or more major life activities) that present barriers to enrollment or continued participation in Job Corps, they must consider RA/RM/AAS that would remove or sufficiently reduce the barriers to enrollment.

Relevant information to be considered in making the health care needs assessment (including the consideration of whether the barriers may be eliminated or sufficiently reduced) may include, but is not necessarily limited to:

- Input from the individual with the medical condition or disability
- The medical history of the individual, including their experience in previous situations similar to those they would encounter in the program
- Opinions of medical doctors, rehabilitation counselors, or therapists who have direct knowledge of the individual

The qualified health professional must document in writing the assessment and include copies of any background information that has been considered, including individual medical information about the applicant or student. This written documentation must be retained in the applicant's or student's medical file.

### **Post-Health Care Needs Assessment Review of Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures, and Auxiliary Aids and Services (RA/RM/AAS)**

If the qualified health professional determined that the individual with a disability's health care needs fall outside the Job Corps Basic Healthcare Responsibilities as described in PRH Exhibit

2-4 and these needs significantly interfere with or preclude further training in Job Corps, the qualified health professional must next consider RA/RM/AAS that may eliminate or sufficiently reduce the barriers to enrollment or to remaining in the Job Corps program. Identification of RA/RM/AAS must be made in collaboration with the Disability Coordinator and take into consideration relevant requested RA/RM/AAS.

Every effort should be made to identify appropriate RA/RM/AAS that may eliminate or reduce the barriers to enrollment in a given case. Qualified health professionals are encouraged to be flexible and creative in working with applicants and students to come up with possible solutions. It is recommended that qualified health professionals use appropriate resources (e.g., collaborate with the individual's own health care provider(s) and review resources such as the Job Accommodation Network) to assist them in the identification process, as appropriate.

Examples of Potential Reasonable Accommodations to Reduce Barriers to Enrollment or Remaining in the Job Corps Program:

- Schedule adjustments to allow the applicant or student to attend necessary off-center appointments
- Shortened training day or later start to the training day to adjust for medication side effects
- Passes during the training day to allow an applicant or student to leave class and go to health services as needed

For each health care concern or barrier identified in the assessment, the qualified health professional must make a specific determination of whether any RA/RM/AAS that may eliminate or sufficiently reduce the barriers to enrollment or to remaining in the Job Corps program have been identified. This determination must be included in the written assessment. If any RA/RM/AAS that could eliminate or reduce the barriers to enrollment or remaining in the Job Corps program have been identified, each potential accommodation must be listed in the assessment. Any background information that has been considered must also be documented in writing, and copies of the information must be included with the assessment.

If the qualified health professional has identified one or more RA/RM/AAS that will eliminate or sufficiently reduce the barriers to enrollment or remaining in the Job Corps program, then the applicant would be enrolled or the student would be retained.

If the qualified health professional determines that the potential RA/RM/AAS identified would not eliminate or sufficiently reduce the barriers to enrollment or remaining in the program, then the qualified health professional explains in the Health Care Needs Assessment (HCNA) why the accommodations would be insufficient. Copies of all documentation that have been considered must be included with the assessment. A copy of the assessment and all written documentation must be retained in the applicant's or student's medical file (e.g., uploaded to Wellness and Accommodation E-Folder and a copy may be maintained in the Student Health Record (SHR)), pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

In circumstances in which RA/RM/AAS are identified that the qualified health professional determines would eliminate or sufficiently reduce the barriers to enrollment or remaining in the Job Corps program, but the qualified health professional is concerned that a particular accommodation would impose an undue hardship, or a particular modification or auxiliary aid or service would result in a fundamental alteration to the Job Corps program, the qualified health professional or the Disability Coordinator will forward the assessment to the Center Director for a determination regarding undue hardship and/or fundamental alteration. See Reasonableness Reviews in Form 2-03: Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures and Auxiliary Aids and Services for participation in the Job Corps Program. Otherwise, the relevant staff members responsible for implementing the particular RA/RM/AAS will be directed to take appropriate implementing actions. The latter category of individuals will not receive copies of the assessment report that contains specific information about the individual's medical condition or disability, unless they fall into one of the three categories listed in 29 CFR 38.41(b)(3)(i)(A) through (C).

**FORM FOR INDIVIDUALIZED HEALTH CARE NEEDS ASSESSMENT**

<b>Applicant's/Student's Name:</b>		<b>Date of Review:</b>	
<b>Center Name:</b>		<b>ID #:</b>	

**Interview Conducted By:**       Telephone       In Person       Videoconference

<p><b>List/explain any reasonable accommodation, reasonable modification to policies, practices, or procedures and auxiliary aids and services to include effective communication supports/accommodations offered and/or provided during the applicant file review process (applicants), and/or completion of the health care needs assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Procedures for Providing Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures and Auxiliary Aids and Services for Participation in the Job Corps Program.</b></p>

In determining whether, in your professional judgment, the above named individual's health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and interfere with participation in the program, consider the following and respond accordingly.

If the above-named individual has a disability, identify RA/RM/AAS necessary to reduce or remove barrier(s) to enrollment or continued participation in Job Corps. Do not consider whether, in your view, a particular RA/RM/AAS is "reasonable." That determination must be made by the center director or their designees.

Only qualified health professionals (i.e., CMHCs, physicians, TEAP specialists, or outside specialists, etc.) may conduct and sign the **Form for Individualized Health Care Needs Assessment** for their respective disciplines.

<b>1A. Complete if APPLICANT.</b>
<b>What is the applicant's history and present functioning to support statement of health care needs? Complete sections below.</b>
<b>ETA 653:</b> (list affirmative responses and explanations provided on ETA 653 only)
<b>Applicant file review summary:</b> (provide summary of all health, educational or other documents reviewed)

<p><b>Chronic Care Management Plan (CCMP) Provider Form/Provider Documents: Does the applicant's treating outside provider recommend applicant to enter Job Corps?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Provider unable to provide recommendation (explain below)   <input type="checkbox"/> Not applicable (no CCMP provided)</p>
<p><b>Provide a summary of the CCMP and/or provider documents here.</b></p>
<p><b>Remember: If you have a conflicting recommendation with the outside treating provider, summarize discussion with treating provider or indicate efforts to contact treating provider and summarize here.</b></p>
<p><b>Applicant interview summary: Include current impressions from clinical interview. This may include, but not be limited to, a mini mental status exam, current level of functioning, and areas of strengths and weaknesses.</b></p>

<p><b>1B. Complete if STUDENT.</b></p>
<p><b>What is the student's history and present functioning to support statement of health care needs? Complete sections below.</b></p>
<p><b>Summary of student's health record:</b></p>
<p><b>Summary of health records from outside Job Corps:</b></p>
<p><b>Summary of discussion with all involved treating providers:</b></p>

<b>Summary of any additional information or observations provided by center staff:</b>
<b>Summary of student interview:</b>

<b>2. What are the functional limitations, specific symptoms, and/or behaviors of the individual that are barriers to enrollment or continued enrollment in Job Corps at this time?</b>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Avoidance of group situations and settings  <input type="checkbox"/> Difficulty coping with panic attacks  <input type="checkbox"/> Difficulty managing stress  <input type="checkbox"/> Difficulty regulating emotions  <input type="checkbox"/> Difficulty with communication  <input type="checkbox"/> Difficulty with concentration  <input type="checkbox"/> Difficulty handling change  <input type="checkbox"/> Difficulty with memory  <input type="checkbox"/> Difficulty with self-care                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Difficulty with sleep patterns  <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment  <input type="checkbox"/> Difficulty with stamina  <input type="checkbox"/> Impaired decision making/problem solving  <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers  <input type="checkbox"/> Organizational difficulties  <input type="checkbox"/> Sensory impairments  <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below)  <input type="checkbox"/> Other (specify below)                         </td> </tr> </table> <p><i>Note: This list is not all inclusive. These are suggestions for your use and you may need to consider functional limitations, symptoms, and/or behaviors beyond those identified on this list.</i></p>	<input type="checkbox"/> Avoidance of group situations and settings <input type="checkbox"/> Difficulty coping with panic attacks <input type="checkbox"/> Difficulty managing stress <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Difficulty with communication <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Difficulty handling change <input type="checkbox"/> Difficulty with memory <input type="checkbox"/> Difficulty with self-care	<input type="checkbox"/> Difficulty with sleep patterns <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment <input type="checkbox"/> Difficulty with stamina <input type="checkbox"/> Impaired decision making/problem solving <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers <input type="checkbox"/> Organizational difficulties <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below) <input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Avoidance of group situations and settings <input type="checkbox"/> Difficulty coping with panic attacks <input type="checkbox"/> Difficulty managing stress <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Difficulty with communication <input type="checkbox"/> Difficulty with concentration <input type="checkbox"/> Difficulty handling change <input type="checkbox"/> Difficulty with memory <input type="checkbox"/> Difficulty with self-care	<input type="checkbox"/> Difficulty with sleep patterns <input type="checkbox"/> Difficulty with social behavior, including impairment in social cues and judgment <input type="checkbox"/> Difficulty with stamina <input type="checkbox"/> Impaired decision making/problem solving <input type="checkbox"/> Interpersonal difficulties with authority figures and/or peers <input type="checkbox"/> Organizational difficulties <input type="checkbox"/> Sensory impairments <input type="checkbox"/> Uncontrolled symptoms/behaviors that interfere with functioning (specify below) <input type="checkbox"/> Other (specify below)	
<b>Specify additional functional limitations, symptoms, and/or behaviors for medical or behavioral health conditions if applicable:</b>		

<b>3. What are the health care management needs of the individual that are barriers to enrollment or continued participation in Job Corps at this time?</b>
<input type="checkbox"/> Complex behavior management system required <input type="checkbox"/> Complex full mouth reconstruction/rehabilitation <input type="checkbox"/> Daily assistance with activities of daily living required <input type="checkbox"/> Frequency and length of treatment <input type="checkbox"/> Hourly monitoring required

<input type="checkbox"/> Medical needs requiring specialized treatment to which individual would not have access <input type="checkbox"/> Out of state insurance impacting access to required and necessary health care <input type="checkbox"/> Severe medication side effects <input type="checkbox"/> Therapeutic milieu required <input type="checkbox"/> Other (specify): _____
<b>Brief narrative on why the barrier(s) are checked above:</b>

<b>4. Based on your review of the individual’s health care needs above, does the named individual have health care needs beyond what the Job Corps health and wellness program can provide as defined as basic health care in Exhibit 2-4: Job Corps Basic Health Care Responsibilities? [Please mark one below.]</b>	
<input type="checkbox"/>	a. In my professional judgment, the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.  <i>If this box is checked, please proceed to question #5 below.</i>
<input type="checkbox"/>	b. In my professional judgment, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4, but they do require community support services which are not available near center. Applicant should be considered for center closer to home where health support and insurance coverage are available.  <i>If this box is checked, please proceed to question #5 below.</i>
<input type="checkbox"/>	c. In my professional judgement, the individual’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4.  <i>If this box is checked, then you <b>do not</b> need to complete the remainder of this assessment, and the center will assign the applicant a start date or the student will continue enrollment. Retain all the paperwork included in completing this assessment, including all documentation that was reviewed, within the applicant’s or student’s Health Record.</i>

<b>5. Consideration of Reasonable Accommodation, Reasonable Modification in Policies, Practices or Procedures, and Auxiliary Aids and Services</b>		
Is the applicant or student a person with a disability (a physical or mental impairment that substantially limits one or more of their major life activities)?  <ul style="list-style-type: none"> <li><i>If no, skip to #6 to recommend denial for an applicant or MSWR for a student.</i></li> <li><i>If no and recommending an alternate center for an applicant go to #7(a and c).</i></li> <li><i>If yes, then continue to Post-Health Care Needs Assessment Disability Accommodation Review.</i></li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Post-Health Care Needs Assessment Disability Accommodation Review**

*Qualified Health Professional Responsibilities*

If the individual has a disability, the qualified health professional, in collaboration with the Disability Coordinator, completes the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the barriers to enrollment or to remaining in the program for a particular student/applicant with a disability. Ultimately, the qualified health professional is responsible for determining whether RA/RM/AAS would eliminate or sufficiently reduce the barriers to enrollment.

**STEP 1**

*Qualified Health Professional Instructions*

**In the table below, identify possible RA/RM/AAS and check the boxes to the left-hand side of the RA/RM/AAS table below. If there are other RA/RM/AAS that can potentially reduce this applicant's/student's barriers to enrollment or to remaining in the program, insert in the OTHER section for each identified functional limitation.**

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the barriers. *Important: The items in the table are merely suggestions of possible RA/RM/AAS that may eliminate or reduce the barriers in a given case. You should be flexible and creative in working with the applicant or student to consider any other potential options that would be effective to reduce or eliminate the barriers to enrollment or to remaining in the program.*

**STEP 2**

*Interactive Process Instructions*

Then, either the qualified health professional or the Disability Coordinator initiates an interactive process with the qualified individual with a disability to discuss the RA/RM/AAS that the qualified health professional checked (or suggested) in STEP 1 above and (i.e., identifies the precise limitations resulting from the disability) and potential RA/RM/AAS that could overcome those limitations. The qualified health professional or the Disability Coordinator **documents whether the applicant/student accepts, declines, or there is agreement to modify the proposed RA or RM.**

**With respect to auxiliary aids and services (AAS), primary consideration must be given to the request of the applicant/student with a disability.** If the applicant/student or any other individual on the applicant's/student's behalf requests a RA/RM/AAS that potentially reduces the barriers to enrollment or to remaining in the program, the qualified health professional must consider these requests as well. If there is concern about the reasonableness of any related requested RA/RM/AAS, see Determining Reasonableness in Form 2-03.

<b>Avoidance of group situations and settings</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow student to arrive 5 minutes late for classes and leave 5 minutes early	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Excuse student from student assemblies and group activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Identify quiet area for student to eat meals in or near cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty coping with panic attacks</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow student to designate a place to go when anxiety increases in order to practice relaxation techniques or contact supportive person	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide flexible schedule to attend counseling and/or anxiety reduction group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow student to select most comfortable area for them to work within the classroom	<input type="checkbox"/>	<input type="checkbox"/>

	trade site		
<input type="checkbox"/>	Provide peer mentor to shore up support	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty managing stress</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow breaks as needed to practice stress reduction techniques	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modify education/work schedule as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Identify support person on center and allow student to reach out to person as needed	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty regulating emotions</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow breaks as needed to cool down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible schedule to attend counseling and/or emotion regulation support group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Teach staff to support student in using emotion regulation strategies	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer mentor/support staff	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with communication</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow student alternative form of communication (e.g., written in lieu of verbal)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide advance notice if student must present to group and opportunity to practice or alternative option (e.g., present to teacher only)	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with concentration</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow use of noise canceling headset	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reduce distractions in learning/work environment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide student with space enclosure (cubicle walls)	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty handling change</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide regular meetings with counselor to discuss upcoming changes and coping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Maintain open communication between student and new and old counselors and teachers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognize change in environment/staff may be difficult and provide additional support	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with memory</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide written instructions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow additional training time for new tasks and hands-on learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Offer training refreshers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use flow-charts to indicate steps to complete task	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide verbal or pictorial cues	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with self-care</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Provide environmental cues to prompt self-care	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Assign staff/peer mentor to provide support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible scheduling to attend counseling/supportive appointments	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with sleep patterns</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow for a flexible start time	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide more frequent breaks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer/dorm coach to assist with sleep routine/hygiene	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Increase natural lighting/full spectrum light	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with social behavior, including impairment in social cues and judgment</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Assign mentor to reinforce appropriate social skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow daily pass to identified area to cool down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide concrete examples of accepted behaviors and teach staff to intervene early to shape positive behaviors	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adjust communication methods to meet students' needs	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty with stamina</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Allow more frequent or longer breaks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow flexible scheduling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional time to learn new skills	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Impaired decision making/problem solving</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Utilize peer staff mentor to assist with problem solving/decision making	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide picture diagrams of problem-solving techniques (e.g., flow charts, social	<input type="checkbox"/>	<input type="checkbox"/>

	stories)		
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal difficulties with authority figures and/or peers</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Encourage student to take a break when angry	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide flexible schedule to attend counseling and/or therapy group	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide peer mentor for support and role modeling	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Develop strategies to cope with problems before they arise	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide clear, concrete descriptions of expectations and consequences	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow student to designate staff member to check in with for support when overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Organizational difficulties</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Use staff/peer coach to teach/reinforce organizational skills	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use weekly chart to identify and prioritize daily tasks	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use assistive technology organization apps	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Sensory Impairments</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Modify learning/work environment to assist with sensitivities to sound, sight, and smells	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow student breaks as needed	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>Uncontrolled symptoms/behaviors that interfere with functioning</b>		<b>Accepts</b>	<b>Declines</b>
<input type="checkbox"/>	Alter training day to allow for treatment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow passes for health services center outside of open hours to monitor symptoms	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reduce tasks and activities during CPP to not aggravate symptoms/behaviors	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER ACCOMMODATIONS, MODIFICATIONS, AUXILIARY AIDS AND SERVICES</b>		<b>Accepts</b>	<b>Declines</b>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Complete this section if the qualified health professional, in collaboration with the Disability Coordinator, has been unable to identify any RA/RM/AAS appropriate to support this applicant/student to sufficiently reduce or remove the barriers to enrollment or to remaining in the Job Corps program. *Provide explanation/justification below. For example, the applicant/student has active psychotic symptoms that impact ability to benefit from any RA/RM/AAS at this time.*

*Summarize any special considerations and findings as well as the applicant's or student's input related to RA/RM/AAS ONLY. For example, if the applicant/student does not wish to discuss RA/RM/AAS, document that information below.*

*Please Note: Job Corps cannot impose RA/RM/AAS upon an individual.*

<b>6.</b>	<b>Clinical and Disability Accommodation Process (DAP) Summary</b>
<b>a.</b>	<b>Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.</b>
<b>b.</b>	<b>Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would not sufficiently reduce the barriers to allow for enrollment or to remain in the Job Corps program.</b>

<b>7.</b>	<b>APPLICANT ONLY- IF RECOMMENDING AN ALTERNATE CENTER (if selected "b" in item 4)</b>
<b>Clinical and Disability Accommodation Process (DAP) Summary</b>	
<b>a.</b>	<b>Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the health care needs assessment.</b>
<b>b.</b>	<b>Disability Accommodation Process (DAP) Summary: If RA/RM/AAS were identified above, include a detailed explanation for why these supports would NOT sufficiently reduce the barriers to allow for enrollment to YOUR center.</b>

<b>C. Document efforts to secure community support near center in the space below.</b> (Include name of organizations/facilities and specific individuals contacted and why access is not available near center.)

I attest that I have the necessary licensure, training, and clinical experience to complete this assessment, including experience conducting safety assessments and identifying treatment, intervention and care management needs related to the symptoms and behaviors of this applicant's/student's documented health conditions.	
<b>Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment</b>	
<b>Signature of Qualified Health Professional Conducting the Assessment</b>	<b>Date</b>
<b>Signature of Second Consulting Qualified Health Professional</b> <i>if applicable</i>	<b>Date</b>