

FORM 2-04

INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT

Purpose

To provide additional information and guidance on the direct-threat assessment process currently outlined in Chapter 1, Section 1.5, R6 and Chapter 6, Section 6.2, R5.

Background

Job Corps requires, as a qualification standard, that an applicant or student not pose a direct threat to the health or safety of others, including students and staff. Like any qualification standard, this requirement must apply to all applicants and students, not just to those with disabilities. If, however, an individual poses a direct threat as a result of a medical condition or disability (a physical or mental impairment that substantially limits one or more of the individual's major life activities),¹ the qualified health professional conducting the assessment must determine whether reasonable accommodation, reasonable modification in policies, practices, or procedures and auxiliary aids and services (RA/RM/AAS) would either eliminate the risk or reduce it to an acceptable level.

This document provides Job Corps health services qualified health professionals, including Trainee Employee and Assistance Program (TEAP) specialists, with guidance designed to help them understand the process of properly and lawfully assessing an individual applicant's or student's ability to safely participate in the Job Corps program.

If the qualified health professional determines that the individual poses a direct threat (using specified criteria discussed below; see also 29 CFR §38.4(p)), and the threat results from a medical condition or disability, the qualified health professional must consider whether any RA/RM/AAS would reduce the risk. Identification of RA/RM/AAS must be made in collaboration with the Disability Coordinator and take into consideration relevant requested RA/RM/AAS. Please note that the qualified health professional must not consider whether, in their view, a particular accommodation would impose an undue hardship; or whether a particular modification of policies, practices and/or procedures, or provision of auxiliary aids or services, would fundamentally alter the program. That determination must be made by the Center Director or their designee, on the basis of a number of specific factors that are required by law. Any documents, information, or notes utilized during this process must be retained in the event of further review.

Overview

The attached form may be used to conduct an individualized assessment of an applicant's or a student's possible direct threat to others. This assessment should be conducted if the Health and Wellness Director (HWD) has a reasonable belief, based on objective evidence, that an individual applicant or student has a medical condition or disability that may pose a significant

¹ For the complete definition of the term "disability," see 29 CFR 38.4(q).

risk of substantial harm to the health or safety of others. An assessment must not be conducted based solely on information that an individual has a particular disability or medical condition. For example, federal disability nondiscrimination laws make clear that individuals do not pose a direct threat simply because they have a history of psychiatric disability or are currently receiving treatment for a psychiatric disability. Rather, an assessment should be conducted when there is *objective* evidence regarding a possible risk to others posed by the specific applicant or student. The assessment process is described in detail below.

Federal disability nondiscrimination laws define a “direct threat” as **a significant risk of substantial harm to the health and safety of others that cannot be eliminated or reduced by RA/RM/AAS**. A “significant risk” means a high, not a slight, probability; a speculative or remote risk is insufficient.

Determining whether an individual poses a significant risk of substantial harm to the health or safety of others that cannot be eliminated or reduced (in a manner consistent with the previous paragraph) must be done on a case-by-case basis, by qualified health professionals who have current, documented expertise in the medical condition(s) or disability or disabilities involved in a particular case, as described below. The fact that an individual has been referred for a direct threat assessment should not be interpreted as suggesting that the individual will be determined to be a direct threat.

Procedures

When evaluating whether an individual with a disability or medical condition poses a direct threat, please keep in mind that there are legal requirements:

- a) restricting disability-related inquiries, i.e., questions which are likely to elicit information about a disability, and
- b) strictly limiting who may be informed about an individual’s disability status or medical condition and who may have access to medical and disability-related information in an individual’s file.

Because of these requirements, Job Corps has developed the procedures below, to ensure that the evaluation process complies with the law.

- In the context of evaluating an *applicant* for Job Corps, a direct-threat assessment may be done when the HWD reasonably believes, based on objective evidence, that the applicant’s disability, disabilities, or medical condition(s) may pose a direct threat to the health or safety of others. Such assessments may occur only when all three criteria below are met:
 - a) the applicant has received conditional assignment to a Job Corps center and has completed the questions on the “Job Corps Health Questionnaire (ETA 653)”; *and*
 - b) specific, objective, factual, information about that particular conditionally enrolled

- applicant has been gathered that is medically related to any “yes” responses given to the questions of the ETA 653. The HWD reviews relevant disclosed health information, and if applicable, requests additional information on disclosed medical conditions or disability and/or makes effort to contact current treating providers with applicant’s and/or guardian’s permission; *and*
- c) the initial review of this specific, objective, factual information supports a reasonable belief that the conditionally enrolled applicant may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others, i.e., direct threat. See file review timeframes, Chapter 1, Section 1.5 R2.g.

If all of these criteria are satisfied, the HWD will forward the applicant’s information to a qualified health professional who has current, documented expertise in the medical condition(s) or disability or disabilities involved in the individual case for a detailed direct-threat assessment, as described below.

- In the case of a *current student*, a direct threat assessment may be conducted if the HWD has a reasonable belief, based on objective evidence, that the student has a disability, disabilities, or medical condition that may pose a “direct threat” to others as defined above and requires a medical separation with reinstatement rights (MSWR). The HWD reviews relevant disclosed health information, and if applicable, requests additional information on disclosed medical conditions or disability and/or makes effort to contact current treating providers with applicant’s and/or guardian’s permission. If as a result, the HWD concludes that the individual is a potential direct threat to others, the HWD will forward the objective evidence to a qualified health professional who has current, documented expertise in the medical condition(s) or disability or disabilities involved in the individual case for a detailed direct threat assessment, as described below.

Any current student medically separated for direct threat, must have a direct threat assessment conducted by the qualified health professional. The signed assessment must be present in the student health record.

Who May Conduct the Assessment?

The clinical assessment of whether an individual’s medical condition or disability poses a significant risk to others and, if so, the degree of potential harm that may be caused by the individual’s specific medical condition or disability, can only be completed after taking into consideration any relevant health information, interviews with the individual, information from current treating providers, if received, and RA/RM/AAS, and ultimately, is a medical decision properly determined only 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 direct threat 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.

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, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

Basis for the Assessment

The determination whether an individual has a disability or medical condition that poses a "direct threat" to others must be based on an individualized assessment of the individual's present ability to safely participate in the Job Corps program. This assessment must be based on a reasonable medical judgment that relies on the most current medical knowledge and/or the best available objective evidence. In making such a determination, the qualified health professional must identify the specific medical condition or disability that is considered to potentially pose a significant risk of substantial harm, and consider:

- a) The duration of the risk;
- b) The nature and severity of the potential harm;
- c) The likelihood that the potential harm will occur; and
- d) The imminence of the potential harm.

The harm to others must be serious and likely to occur, not remote and speculative. Reliance on stereotypes about specific disabilities or medical conditions is inappropriate in the assessment process. The determination cannot be based on generalizations about the medical condition or disability; the qualified health professional must identify any specific risk to others that is posed by the medical condition or disability of the named individual in the applicable Job Corps context. Subjective perceptions, irrational fears, and patronizing attitudes have no place in the assessment process.

If the qualified health professional concludes that the individual has a disability (see discussion below) that poses a significant risk of substantial harm to others, a determination must be made whether the risk may be eliminated or reduced by RA/RM/AAS. A discussion of how to make this determination appears below.

Factors to Be Considered

As mentioned above, to determine whether a specific individual with a medical condition or disability poses a direct threat, the qualified health professional must consider four specific factors: the duration of the risk; the nature and severity of the potential harm; the likelihood that

the potential harm will occur; and the imminence of the potential harm.

If the qualified health professional considers these four factors and determines that the individual has a disability (a physical or mental impairment that substantially limits one or more major life activities) that poses a significant risk of substantial harm to others, they must consider whether the risk can be eliminated or reduced to an acceptable level by RA/RM/AAS.

Relevant information to be considered in making the direct threat assessment (including the consideration of whether the risk may be lessened or eliminated) 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; and
- Opinions of medical doctors, rehabilitation counselors, and/or therapists who have direct knowledge of the individual.

Under federal disability nondiscrimination laws, the burden is on Job Corps to prove that a particular individual has a medical condition or disability that poses a direct threat to others. This means that if the objective, factual evidence is equivocal (not clear), or is insufficient to prove that the participation of that specific individual would pose a direct threat, the qualified health professional must determine that no direct threat exists.

The four factors for assessing potential direct threat are described in more detail below.

1. **Nature and severity of the potential harm.** In the professional judgment of the qualified health professional:
 - a. What *kind of harm to others* is potentially posed by this individual's medical condition or disability? **List the specific symptoms or behaviors** and the information on which the judgment is based.
 - b. What is the *seriousness of the potential harm* in this particular case (e.g., death, incapacitation, serious injury, minor injury/emotional distress)? List the specific information on which the judgment is based.
2. **Duration of the risk.** In the professional judgment of the qualified health professional, how long will the risk to others last? List the specific information on which the judgment is based.
3. **Likelihood that the potential harm will occur.** In the professional judgment of the qualified health professional, is the likelihood that potential harm to others will occur high, moderate, or low? List the specific information on which the judgment is based.

4. **Imminence of the potential harm.** In the professional judgment of the qualified health professional, how soon is the harm to others likely to occur? List the specific information on which the judgment is based.

Taking all four of these factors into consideration, the qualified health professional should determine whether the applicant's or student's disability or medical condition poses a significant risk of substantial harm to others.

The qualified health professional must document in writing the assessment of each of the above factors 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, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

Post – Direct Threat Assessment Review of Reasonable Accommodations, Reasonable Modifications in Policies, Practices or Procedures, and Auxiliary Aids and Services (RA/RM/AAS)

If the qualified health professional has determined that the individual poses a direct threat to others, and the individual is a person with a disability as defined in the law (in other words, they have a physical or mental impairment that substantially limits one or more of their major life activities), the qualified health professional must next consider whether RA/RM/AAS may eliminate or reduce the risk sufficiently to allow for enrollment. 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 risk 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/or review resources such as the Job Accommodation Network) to assist them in the identification process, as appropriate.

Examples of Potential Reasonable Accommodations or Reasonable Modifications in Policies, Practices, or Procedures to Reduce Risk:

- 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 meet with a counselor to de-escalate behaviors as needed

For each risk identified in the assessment, the qualified health professional must make a specific

determination of whether any RA/RM/AAS that may eliminate or reduce the risk have been identified. This determination must be included in the written report of the assessment. If any RA/RM/AAS that could eliminate or reduce the risk have been identified, each potential accommodation, modification, or auxiliary aid and service must be listed in the assessment report. Any background information that has been considered must also be documented in writing, and copies of the information must be included with the assessment report.

If the qualified health professional has identified one or more RA/RM/AAS that will eliminate or sufficiently reduce the risk, then the applicant will be enrolled, or the student will be retained.

If the qualified health professional determines that the potential RA/RM/AAS identified would not eliminate or sufficiently reduce the risk, then the qualified health professional must explain in the written report why the accommodations, modification, or auxiliary aids and services would be insufficient. Copies of all documentation that has been considered must be included with the report. A copy of the report and all written documentation must be retained in the applicant's or student's medical file, pursuant to the requirements of 29 CFR 38.41(b) and 38.43.

In the rare circumstances in which RA/RM/AAS are identified that the qualified health professional determines would eliminate or reduce the risk to others posed by an individual with a disability, 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 report 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. These relevant staff members 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).

Center Applicant/Student File Review Form

*Health and Wellness Director's Initial Review of Applicant Files or
Review of Student Documentation for Assignment of Possible Direct Threat Assessment*

Applicant/Student: _____ **ID #:** _____

Center Name: _____ **Date of Review:** _____

Center Applicant File Review and Student Documentation

As part of the review of the applicant file, student health record, or interaction(s) with applicant/current student, please check all of the following that apply.

<input type="checkbox"/>	1. The applicant has received conditional assignment to a Job Corps center and has completed the questions on the Job Corps Health Questionnaire (ETA 653).
<input type="checkbox"/>	2. The applicant has responded "yes" to one or more questions in sections 8 and 9 of the ETA 653.
<input type="checkbox"/>	3. Specific, objective, factual information about the applicant has been gathered that is medically related to "yes" responses in sections 8 and 9 of the ETA 653.
<input type="checkbox"/>	4. The applicant or current student has voluntarily disclosed a medical condition or disability that may pose a significant risk of substantial harm to the health or safety of others.
<input type="checkbox"/>	5. The initial review of this specific, objective, factual information by the Health and Wellness Director supports a reasonable belief that the applicant or current student may have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others, i.e., direct threat. If so, complete the section for <i>Referral to Qualified Health Professional</i> .

Referral to Qualified Health Professional

Reason for Referral		Medical Professionals/Qualified Health Professionals (List who needs to review.)
<input type="checkbox"/>	Please review this applicant/student for assessment of a possible direct threat to others.	

Comments

Printed or Typed Name of Health and Wellness Director

Signature of Health and Wellness Director

Date

Upload this form to the "Other" folder within the Wellness and Accommodation E-Folder (i.e., Health E-Folder) in CIS. A copy may be maintained within the Student Health Record (SHR) if enrolled.

FORM FOR INDIVIDUALIZED ASSESSMENT OF POSSIBLE DIRECT THREAT

Applicant/Student: _____ **ID #:** _____

Center Name: _____ **Date of Review:** _____

Interview Conducted By: Telephone In Person Videoconference

List/explain any reasonable accommodations, reasonable modifications in policies, practices, or procedures, or auxiliary aids or services (RA/RM/AAS) (effective communication supports) offered and/or provided during the applicant file review process (applicants), and/or completion of the direct threat assessment process (applicants/students). If not provided, please explain below. See Form 2-03, Definitions and Documentation Requirements Related to Procedures for Providing RA/RM/AAS to Participate in the Job Corps Program.

In determining whether, in your professional judgment, the individual named above has a medical condition or disability that poses a direct threat to others, consider the following and respond accordingly.

Factors to be considered in determining whether a “significant risk of substantial harm” to the health or safety of others exists include: (1) duration of the risk, (2) nature and severity of the potential harm, (3) likelihood that the potential harm will occur, and (4) imminence of the potential harm.

Under the law, the burden is on Job Corps to prove that a specific individual poses a direct threat to others. Therefore, if the objective, factual information about the specific individual named above is equivocal (not clear), or is insufficient to *prove* that a direct threat exists, you must assume that the individual’s disability or medical condition does not pose a direct threat.

If you determine that a “significant risk of substantial harm” to others exists, consider whether any RA/RM/AAS could eliminate or reduce the risk sufficiently to allow for enrollment. Do not consider whether, in your view, a particular accommodation, modification in policies, practices, or procedures, and auxiliary aids and services is “reasonable.” That determination must be made by the Center Director or their designees.

1. What factors triggered review of the individual’s file for possible direct threat to others? (Include responses from ETA 6-53 (applicants only), information from applicant file/student health record, clinical interview and/or providers (applicants/students).)

2. What are the specific symptoms and behaviors related to the medical condition or disability considered to potentially pose a direct threat to others? (Describe the specific symptoms and behaviors in detail.)

<p>3. What is the nature and severity of the potential harm to others (e.g., death, incapacitation, serious injury, minor injury/emotional distress)? <i>(Include information from the applicant file/student health record, clinical interview and/or other providers.)</i></p>

<p>4. What is the duration of the risk (i.e., how long will the risk last)? <i>(Include information from the applicant file/student health record, clinical interview, and/or other providers.)</i></p>

<p>5. What is the imminence of the potential harm (i.e., how soon is the harm likely to occur)? <i>(Include information from the applicant file/student health record, clinical interview, and/or other providers.)</i></p>

<p>6. Based on the factors above, does the named individual have a medical condition or disability that poses a significant risk of substantial harm to the health or safety of others?</p>	
<input type="checkbox"/>	<p>In my professional judgement, the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.</p> <p><i>If this box is checked, proceed to question #7 below.</i></p>
<input type="checkbox"/>	<p>In my professional judgement, the individual’s medical condition or disability <u>does not</u> pose a significant risk of substantial harm to the health or safety of others, or it is not clear that the individual’s medical condition or disability poses a significant risk of substantial harm to the health or safety of others.</p> <p><i>If this box is checked, then you do not 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, and upload to the Wellness and Accommodation E-Folders. A copy may be maintained within the applicant’s or student’s health record.</i></p>

<p>7. Consideration of Reasonable Accommodations; Reasonable Modifications in Policies, Practices, and Procedures; and Auxiliary Aids and Services</p>		
<p>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)?</p> <p><i>If no, skip to #8. If yes, then continue to Post-Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review.</i></p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

Post-Direct Threat Assessment Reasonable Accommodation, Reasonable Modification in Policies, Practices, or Procedures, or Auxiliary Aids and Services (RA/RM/AAS) Review

Qualified Health Professional Responsibilities

If the individual has been determined to pose a direct threat to others and is a person with a disability, the qualified health professional, in collaboration with the Disability Coordinator, shall complete the process and information below to explore the available RA/RM/AAS possibilities to reduce or remove the direct threat to others. Ultimately, the qualified health professional is responsible for determining whether the available accommodations, modifications, or auxiliary aids and services would eliminate or sufficiently reduce the risk of harm to others.

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 potential RA/RM/AAS that can reduce this applicant’s/student’s level of risk, insert in the OTHER section of each identified functional limitation.

Here are some possible examples of RA/RM/AAS that could eliminate or reduce the risk. *Important: The items in the table are merely suggestions of RA/RM/AAS that may eliminate or reduce the significant risk of substantial harm to others 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 harm.*

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 (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 direct threat risk, 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.

What changes can we make to our center policies, procedures, or practices to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Schedule adjustments to allow the student to attend necessary off-center appointments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Shortened training day or later start to the training day to adjust for medication side effects	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modified first 30 days on center with a reduction in tasks to minimize stress	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide a pass to leave class and go to designated “calm down” area	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow frequent breaks during the day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow telephone calls during work hours to doctors and others for needed support	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reduce mandatory participation in large group activities	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional orientation on conduct and behavioral expectations	<input type="checkbox"/>	<input type="checkbox"/>

OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What are the physical changes or placement considerations in the dorm we can make to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Provide single dorm room	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Modified door/window locks for safety	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Placement in residential dorm with fewer students and/or more experienced Residential Advisors (RAs)/Residential Counselors (RCs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide dorm room closer to RA's/RC's office	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Allow refrigerator in room	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What can we do to adjust our level of supervision or structure at the center to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Provide staff mentor as needed (like a job coach)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide student mentor as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide additional or different auxiliary aids or services	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
How can our instructors and/or RA/RC staff adjust their communication methods in a way to eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Provide detailed guidance	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide frequent feedback	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Provide praise and positive reinforcement	<input type="checkbox"/>	<input type="checkbox"/>
OTHER ACCOMMODATIONS, MODIFICATIONS, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
What equipment, device, or auxiliary aids and services can we consider that can eliminate or reduce the level of risk?		Accepts	Declines
<input type="checkbox"/>	Provide visual barriers to reduce startle responses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Use of headphones to minimize distractions	<input type="checkbox"/>	<input type="checkbox"/>
OTHER EQUIPMENT, DEVICES, OR AUXILIARY AIDS AND SERVICES		Accepts	Declines
		<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 reduce or remove the direct threat. *Provide explanation/justification here. For example, the applicant has a current and/or extensive history of aggression and violence that is escalating in frequency and severity.*

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

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

8.	Clinical and Disability Accommodation Process (DAP) Summary.
a.	Clinical Summary: Summarize information from the file, clinical interview and/or discussions with providers to support the direct threat assessment.
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 risk to allow for enrollment or to remain in the Job Corps program.

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.	
Printed or Typed Name and Title of Qualified Health Professional Conducting the Assessment	
Signature of Qualified Health Professional Conducting the Assessment	Date
Signature of Second Consulting Qualified Health Professional (if applicable)	Date