Appendix 2

Questionnaires to gather information on functional limitations

When determining assessment accommodations, a good understanding of the nature and extent of the applicant’s functional limitations is essential. You will find in this appendix four questionnaires designed to help you gather such information in part.

- The first questionnaire can be used for persons who have limitation related to mobility or agility, mental health, chronic illnesses, temporary conditions or environmental sensitivities (such as allergies).

- The second questionnaire can be used for persons who have visual limitations.

- The third questionnaire can be used for persons who have hearing limitations.

- The fourth questionnaire can be used for persons who have learning disabilities or Attention Deficit Hyperactivity Disorder.
Information on functional limitations

This information is required to determine assessment accommodations that might be necessary in an appointment process within the Public Service of Canada.

1. Please describe the functional limitations you experience presently (for example: reduced mobility, manual dexterity, anxiety, lack of concentration, pain, fatigue, etc).
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________
   ________________________________________________________________________

2. How do the above functional limitations impact the following areas?
   a. reading
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
   b. writing
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
   c. speaking
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
   d. hearing
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________
   e. concentration or attention
      ________________________________________________________________________
      ________________________________________________________________________
      ________________________________________________________________________

3. Is your condition stable?  __ Yes   __ No
   Is your condition episodic in nature?  __ Yes  __ No
   Please describe:
      ________________________________________________________________________
      ________________________________________________________________________
4. Do you take medication that may affect your performance in an assessment situation?
   __ Yes   __ No
   Please describe the current effect of medication on:
   a. your speed of information processing
      __________________________________________________________
      __________________________________________________________

   b. your concentration
      __________________________________________________________

   c. other
      __________________________________________________________

5. What is the most appropriate time of day for assessment?
   Morning __________   Afternoon _________   (Specify hour if necessary)

6. Is fatigue or pain a factor when undergoing assessment?
   ___ A great deal   ___ Some   ___ None
   Must you frequently stretch or change position?   ___ Yes   ___ No
   How often do you require breaks? Every __________ minutes/or _________ hours

7. Are you usually using an adaptive technology?   ___ Yes   ___ No
   If yes, specify make and model:
      __________________________________________________________
      __________________________________________________________

8. In regard to ergonomic setting, if applicable:
   Do you require specific seating or ergonomic devices?   ___ Yes   ___ No
   If yes, specify: ____________________________________________
   If you use a wheelchair or a scooter:
   What is the space required? _________________________________
   Is a higher table required?   ___ Yes   ___ No
   If yes, at what knee clearance? _______________________________
   Is a device for holding paper or testing materials required?   ___ Yes   ___ No
   If yes, specify: ____________________________________________
   Other ____________________________________________________
9. In regard to transportation, if applicable:
   - Do you require a drop-off site?  ___Yes   ___No
   - Do you require an accessible parking spot?  ___Yes   ___No
   - Do you need assistance to travel to the assessment site?  ___Yes   ___No
   - Do you need assistance to go to the assessment room from a drop-off point?  ___Yes   ___No

10. Have you received any accommodations for your current functional limitations in past appointment process, at school or on the job? If so, please describe.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

11. What accommodations do you feel are necessary in the current appointment process? Please describe for each assessment situation (for example: written test, interview, group task, simulation, etc).
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

12. Please add any other relevant information:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PLEASE NOTE: If you present limitations that affect cognitive or emotional functioning, you may be required to provide additional documentation from a professional who is qualified in the specific type of disability and who is accredited by the appropriate professional association of the province in which he or she works.
Information on Visual Functional Limitations

This information is required to determine any assessment accommodations that might be necessary in an appointment process within the Public Service of Canada.

1. Please describe your current functional limitations (for example: low vision, lack of peripheral vision or central vision, blind, blind in one eye, etc.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Is the disability associated with any other medical condition or disability?
   _ Yes   _ No
   If yes specify: ____________________________________________________________
________________________________________________________________________

3. Is the condition stable? _ Yes _ No
   If no, please describe: _____________________________________________________
________________________________________________________________________

4. Specify the adaptive methods (technology, format or services) you normally use, if applicable, for the following: (Specify as many as apply)

   Reading textual information
   _ Large print text material, specify the acceptable font size: ________
   _ Electronic format
   _ Close Circuit Television (CCTV)
   _ Magnifying lens
   _ Screen magnifier, specify which one: __________________________
   _ Screen reader, specify which one: __________________________
   _ Refreshable Braille display
   _ Reader (person reading text aloud)
   _ Braille, specify which grade: ______________________________
   _ Other, specify: ____________________________________________
Writing short answers or take notes
- Scribe (person who takes notes)
- Computer
- Braille note-taker
- Slate and stylus
- Perkins Brailler
- Other, specify: __________________________________________

Writing and editing documents
- Computer with large screen
- Computer with a screen magnifier, specify which one: _______________
- Computer and a screen reader, specify which one: _______________
- Computer and a refreshable Braille display
- Computer and a Braille printer
- Scribe (person who takes notes)
- Other, specify: __________________________________________

5. Speed of reading using preferred format: _ Normal  _ Slower
   Speed of writing by hand: _ Normal  _ Slower
   Speed of keyboarding: Words per minute ______

6. Does the method or methods of reading printed materials involve an element of fatigue?
   _ Yes  _ No
   If yes, how often are breaks required?
   Every ______ minutes or _______ hours.

7. Do you use a guide dog?  _Yes  _ No
   If yes, specify any specific arrangements:
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
8. What accommodations do you feel would meet your needs in the current appointment process? Please describe for each assessment situation (for example: written test, interview, group task, simulation, etc.)

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

9. For people who are deaf and blind, will an intervenor for the deaf-blind be required for the assessment?  _ Yes  _ No

What is your usual mode of communication? (Specify as many as apply)
__ Intervenor for the deaf and blind
__ Tactile sign language
__ Visual sign language
__ Tactile finger spelling
__ Braille
__ Other, specify: ________________________________________________

10. Please add any other relevant information:

____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
Information on Hearing Functional Limitations

This information is required to determine any assessment accommodations that might be necessary in an appointment process within the Public Service of Canada.

1. Which of the following best describes your hearing loss?
   __ Person who is deaf – Person who has severe or profound hearing loss and has lost his or her hearing before developing spoken language.
   __ Person who is deafened – Person who has experienced a severe or profound loss of hearing after having developed speech and language skills.
   __ Person who is hard of hearing – Person who’s hearing loss does not preclude understanding spoken language - most often with the assistance of a technical aid. The hearing loss may range from mild to severe, but, with the use of a hearing aid, a person who is hard of hearing can still communicate primarily by speech.

2. Extent of hearing loss
   ___ Mild
   ___ Moderate
   ___ Severe
   Hearing loss in both or one ear
   ___ Both
   ___ Left only
   ___ Right only

3. Does your hearing limitations impact on the following areas? If yes, specify
   Oral communication: ____________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

   Reading: _____________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

   Writing: ______________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. Did you attend a school for the deaf?  ___ Yes  ___ No
   If yes, which school:________________________________________
   And please explain your educational experience, including:
   • how you learned English and/or American Sign Language (ASL)
   • highest level of education received
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
5. Do you use one of the following? Please specify
   ___ Hearing aid          ___ Cochlear implant
   ___ Other, specify: ______________  ___ None

6. What is your preferred means of communication for interviews, oral tests and receiving instructions? (Indicate as many as appropriate)
   ___ American Sign Language (ASL)
   ___ Oral interpreter
   ___ Speech reading / Lip reading
   ___ Spoken
   ___ Written
   ___ Other, specify: ________________

7. Are you normally using adaptive technology? ___ Yes ___ No
   If yes, specify: _____________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

8. What accommodations do you feel would meet your needs in the current appointment process? Please describe for each assessment situation (for example: written test, interview, group task, simulation, etc).
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
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   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

9. Please provide any other relevant information on how you communicate at work (both spoken and written communication):
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
Information on Functional Limitations
Associated with Learning Disabilities or Attention Deficit Hyperactivity Disorder (ADHD)

This information is required to determine any assessment accommodations that might be necessary in an appointment process within the Public Service of Canada.

1. At what age, and in what circumstances was it established that you had your disability?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Were you given specific help or accommodations during your school or post-secondary studies? If so, please describe.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Describe your current functional limitations which may affect your performance in assessment situations (for example: difficulties with reading, writing, numbers, spatial orientation, oral communication, memory, following directions, maintaining attention, concentration, etc.).
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. Are you taking medication?
___ Yes   ___ No
   If yes, describe the impact of the medication on your functional limitations.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
5. Have you received any accommodations for your functional limitations in past assessments, or on the job? If yes, which ones?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Do you make use of any adaptive technology?  ___ Yes    ___ No
If yes, specify: ____________________________________________________________

7. What assessment accommodations do you feel would meet your needs in the current appointment process? Please describe for each assessment situation (for example: written test, interview, group task, simulation, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Please add any other relevant information:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PLEASE NOTE: You may be required to provide additional documentation from a professional who is qualified in the specific type of disability and who is accredited by the appropriate regulated professional association of the province in which he or she works.

When requested, the report should include:
• a clear description of your functional limitations; and
• an interpretative summary of test scores which describes the limitations caused by the disability.