

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

Applicant name: _____ Date: _____

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:

Applicant name: _____ Date: _____

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 _____

Applicant name: _____ Date: _____

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.

Applicant name: _____ Date: _____

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: _____

Applicant name: _____ Date: _____

Writing short answers or take notes

- Scribe (person who takes notes)
- Computer
- Braille note-taker
- Slate and stylus
- Perkins Braille
- 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:

Applicant name: _____ Date: _____

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:

Applicant name: _____ Date: _____

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

Applicant name: _____ Date: _____

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).

9. Please provide any other relevant information on how you communicate at work (both spoken and written communication):

Applicant name: _____ Date: _____

**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.

Applicant name: _____ Date: _____

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.