

Workplace Accessibility Needs Assessment Form

Disability can be either visible or invisible. This assessment is voluntary and aims to support the creation of a safe and inclusive workplace for employees with disability.

Section A: Personal & Role Information

Field	Response
Name	
Job Title	
Department/Team	
Supervisor/Manager	
Contact Information	
Preferred communication method (e.g. email, in person, sign language)	

Section B: Disability & Accessibility Information

(Only provide details you are comfortable sharing. This information is confidential)

Do you have difficulty with any of the following activities (even if using assistive devices)? Please tick one response for each activity.

1. Seeing, even if wearing glasses

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

2. Hearing, even if using a hearing aid

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

3. Walking or climbing steps

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

4. Remembering or concentrating

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

5. Self-care (e.g., washing all over or dressing)

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

6. Communicating (e.g., understanding or being understood)

☐ No difficulty ☐ Some difficulty ☐ A lot of difficulty ☐ Cannot do at all

Section C: Workplace Adjustment Needs

If you indicated 'some difficulty' or more in any area above, please describe any adjustments or support you may need to perform your role safely and effectively.

Section D: Workplace Accessibility & Productivity

Question	Response
Do you face any barriers when performing your job tasks? <i>If yes, please describe.</i>	
Are there any physical, digital, or communication-related challenges in your work environment?	
Do you feel safe in your current workspace? <i>If not, please explain.</i>	
Are there any emergency evacuation challenges or concerns?	
What would help you work more comfortably, safely, or efficiently? (e.g. specific equipment, software, changes to work schedule)	
Are there any parts of the workplace you find hard to access (e.g. bathroom, meeting rooms, kitchen)?	
Do you require support with remote work setups or online platforms?	

Section E: Recommendations

(To be completed by HR, or Disability Inclusion Focal Point)

Area of Need	Recommendation	Responsible Person	Timeline
<i>e.g. seating</i>	<i>Provide ergonomic chair</i>	<i>HR Manager</i>	<i>July 1st</i>

Section F: Consent & Next Steps

Question	Response
Do you agree to share this information with HR and your supervisor for the purpose of providing support? (Yes/No)	
Additional comments or concerns	

Signature of Staff Member: _____ Date: _____

Assessor's Name & Role (if applicable): _____ Date: _____