

**INTERACTIVE DIALOGUE/REASONABLE ACCOMMODATION
DOCUMENTATION FORM**

PLAINVIEW ISD

Employee Name _____

Position _____ **Department/Campus** _____

Date employee informed district of need for accommodation _____

Employee's disability or functional limitations:

Describe how disability substantially limits employee's ability to perform essential function(s) of the position:

Reasonable accommodation offered:

Employee's response to accommodation offered: **Accepted** **Rejected**

Employee Signature: _____ **Date:** _____

Principal/Supervisor Signature

Date

* This form and all medical information must be kept confidential and filed separately from the main personnel file. The employee's supervisor may be informed about necessary restrictions on the work or duties and necessary accommodations. When appropriate, first aid and safety personnel may be informed if the employee's disability might require emergency treatment or if any specific procedures are needed in case of fire or other evacuations.

Please send a copy of this completed form to the Plainview ISD Human Resource Services Department.

