

**Illinois AmeriCorps Disability Outreach Project**  
**REASONABLE ACCOMMODATION MONITORING REPORT**

Program: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date accommodation approved: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Specific Accommodation: \_\_\_\_\_

Date accommodation initiated (equipment ordered, worksite modification requested, etc): \_\_\_\_\_

Date accommodation completed: \_\_\_\_\_

Training Given:      YES            NO

Cost of accommodation: \_\_\_\_\_

Does the accommodation enable effective job functioning? How? \_\_\_\_\_

Is the member satisfied with accommodation? \_\_\_\_\_

Comments/explanation: \_\_\_\_\_

**SIX MONTH FOLLOW-UP**

Is the member still using the accommodation?      YES                            NO

If no, why? \_\_\_\_\_

Is the member satisfied with the accommodation provided?      YES                            NO

If no, why? \_\_\_\_\_

Is additional accommodation (s) needed?                            YES                            NO

If yes, what additional accommodations are recommended, why? \_\_\_\_\_

\_\_\_\_\_  
Name (Program Director)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Complete and forward to the Serve Illinois Commission  
535 W. Jefferson, 3<sup>rd</sup> Floor, Springfield, IL 62702.*