

## **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: \_\_\_\_\_

**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.