

City of Duluth
ADA Qualification Determination Worksheet

Name _____ Date _____

Department/Division _____ Supervisor _____

I. **Condition to be Evaluated** (attach supporting data) _____

II. **Determination** _____ **Date** _____

- Not qualified under the ADA
- ADA qualifying disability (continue worksheet)

Reasoning: _____

III. **Reasonable Accommodation** _____ **Start Date** _____

- No Reasonable Accommodation Available (explain)
- Unable to Determine Accommodation (explain)
- Accommodation (describe)

Explanation or Description: _____

IV. **90 Day Efficiency Review** _____ **Date** _____

- Accommodations are adequate (no further action)
- Further accommodations needed (explain -include new date each time)
- Employee unable to perform essential job functions with accommodations (explain)

Explanation or Description: _____

*Worksheet(s) must be completed in its entirety and retained in confidential portion of personnel files.