

Individualized Accessibility Plan (IAP) Template



For HR directors, one of the hardest parts of complying with the *Accessibility for Ontarians with Disabilities Act (AODA)*, *Accessible Canada Act (ACA)*, and other [accessibility laws](#) that have recently taken effect is to implement a process for developing what are called Individualized Accessibility Plans (IAPs) for disabled employees. Having an IAP template like the one below can help you organize the process and determine what to do at each stage. **Caveat:** Each IAP must be tailored to the individual and circumstances involved. So, make sure your template is open-ended and doesn't include the substantive details, like the supports you'll provide. You can't add this information unless and until you perform an assessment of the employee's particular needs, capabilities, and job responsibilities.

IAP Plan Template

1. Employee Information

- Employee Name:
- Position/Department:
- Manager:
- HR Representative:
- Date Plan Initiated:

2. Reason for IAP

(Check all that apply)

- Employee request
- Return-to-work (disability-related)
- Workplace barrier identified
- Other (describe):

3. Employee Participation

- Summary of employee input:
- Was external input used? (e.g., medical or other expert): Yes No
- If yes, describe (functional limitations only):

4. Functional Limitations & Workplace Barriers

(Do not include diagnosis)

Functional limitations:

Workplace barriers identified:

5. Accessibility Supports & Measures

- Barrier measures:
- Responsible party:
- Timeline:

- Support measures:
- Responsible party:
- Timeline:

6. Emergency Response & Evacuation Information (if applicable)

- Does the employee require individualized emergency response support? Yes No
- If yes, describe measures:

7. Accessible Formats & Communication Supports

- Required? Yes No
- If yes, list details:

8. Implementation Plan

- Key actions:
- Responsibility assignments:
- Target completion dates:

9. Review & Update Schedule

- Next review date:
- Review triggers:

Employee request

Change in role

Change in needs

Scheduled review

Other (list)

10. Acknowledgement

Employee has been consulted and participated in the development of this plan:

- Employee Signature: _____ Date: _____
- HR Signature: _____ Date: _____
- Manager Signature: _____ Date: _____

11. Review Log

- Date:
- Reviewer:
- Summary of review and recommendations: