

# **Job Accommodations Network User Follow-Up Interview Rehabilitation, Medical or Educational Professional Interview Structure**

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## Section I. Introduction and Informed Consent

Hello. My name is \_\_\_\_\_. I am calling to invite you to participate in a research study being conducted by West Virginia University on behalf of the Job Accommodation Network or JAN.

On \_\_\_\_\_ (date), you contacted JAN, either by phone or electronically to request information about \_\_\_\_\_. During that consultation you indicated your willingness to participate in a follow-up interview. I have been hired by JAN to do follow-up interviews that will evaluate JAN services.

Have I reached you at an OK time to talk?

If Yes, continue

If No, "What would be a better time?" \_\_\_\_\_.

As you may be aware, JAN is a free consulting service that provides information about job accommodations, the Americans with Disabilities Act, and the employability of people with disabilities. The purpose of this follow-up is to evaluate JAN's service and to identify ways that it could improve services to its clients.

This follow-up will take about 15 minutes of your time. The information that you provide to us will be kept confidential to the extent permitted by law. Any reports or articles about these follow-ups will describe results in a summarized manner so that you cannot be identified.

Your participation in this interview is voluntary. Your decision whether or not to participate will not affect the services you may receive from JAN. You may choose not to take part at all or you may choose to stop participating at any time, and you won't be penalized or lose the ability to use JAN's services.

There are no foreseeable risks to participating in this research study. There will be no personal benefit to participating in this study.

Do you have any questions at this point?

Do you wish to take part in the follow-up at this time?

If Yes, continue

If No, "Is there a better time in which you wish to take part in the follow-up?" \_\_\_\_\_

**Section II. Outreach**

**1. How did you know to contact the Job Accommodation Network**

(ALL THAT APPLY); [Interviewers FIELD CODE into the following categories]

- a. Used JAN service before
- b. Previous user of JAN service (specify if another employer)
- c. JAN Website
- d. Other website (not JAN website)
- e. Internet search
- f. Referral from:
  - Organization (list) \_\_\_\_\_
  - Government Agency (list) \_\_\_\_\_
  - Company
  - DOL Call Center
  - EARN
  - JAN self-employment service
- g. Friend/co-worker/word of mouth
- h. Personal contact with JAN staff member
- i. Rehabilitation professional
- j. Medical professional
- k. Educational institution
- l. Union
- m. Legal professional
- n. Newspaper/magazine/book/professional journal article
- o. Television (report or advertisement)
- p. Listed in a directory
- q. I&R Service
- r. Conference
- s. JAN Publication or Brochure
- t. JAN presentation
- u. Used JAN self-employment service before
- v. Previous user of JAN self-employment service
- w. JAN self-employment Website
- x. JAN self-employment Publication or Brochure
- y. Other (please specify): \_\_\_\_\_

**Section III. ACCOMMODATION OUTCOME**

**"The following questions explore the outcomes of your consultation with JAN."**

Ask only if PURPOSE OF CALL = WORK ACCOMMODATION  
ELSE SKIP to SECTION III.E

- W1.** Was the accommodation you discussed with the JAN consultant about assisting your client in
- a. applying for a job [application, interview]
  - b. being hired for a new job [already have job offer, maybe just started or hasn't yet started]
  - c. keeping a job [retention of a current employee]
  - d. promotion
  - e. other (explain: \_\_\_\_\_)
  - f. DK
  - g. RF

- W2.**
- a. Does this person have a physical, mental, or other health condition that substantially limits a major life activity other than working, such as breathing, thinking, walking, talking, seeing, hearing, and so on?

Yes  
No (Go to Question W2c).

- b. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the degree to which the person's physical, mental, or other health condition(s) limit their major life activities.

1	2	3	4	5	DK	RF
Major life activities				Major life activities		
Not limited				Substantially limited		

- c. Does this person have a physical, mental, or other health condition that substantially limits the kind or amount of work that he/she can do?

Yes  
No (Go to Question 3)

- d. On a scale from 1 to 5, with 1 being not at all limited and 5 being substantially limited, please rate the extent to which this person's physical, mental, or other health condition(s) limits the kind or amount of work that he/she can do?

1	2	3	4	5	DK	RF
Work				Work		
Not limited				Substantially limited		



[Interviewers ask even if it seems evident]

[If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals.]

- a. Male
- b. Female
- c. DK
- d. RF

W7. What is the employee's race or ethnicity? (CHOOSE ALL THAT APPLY?)

Race

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other

Ethnicity

- g. Hispanic or Latino
- h. Not Hispanic or Latino
- i. DK
- j. RF

W8. What is the employee's age?

- a. less than 18
- b. 18 - 25
- c. 26 - 35
- d. 36 - 45
- e. 46 - 55
- f. 56 - 65
- g. 66 and over
- h. DK
- i. RF

W9. SKIP

W10. After your interaction with JAN, was an accommodation made? (Choose one of a-h)

- a. Yes or No
- b. Implementation Pending (DECISION TO ACCOMMODATE MADE, BUT IMPLEMENTATION PENDING (EXPLAIN/Why?) \_\_\_\_\_)
- c. Decision pending (explain/Why?) \_\_\_\_\_

d. No (Please explain why an accommodation was not made.) [Interviewer to query to make sure that the response includes the reason for rejecting the accommodation]

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e. other (e.g., employee resigned) \_\_\_\_\_

Please tell me briefly about that. \_\_\_\_\_

f. DK

g. RF

h. N/A

10a. Who makes the decision whether the company will provide an accommodation? (mark all that apply)

a. Human Resources department

b. Personnel department

c. Legal department

d. Managers

e. Employee's supervisor

f. Other: \_\_\_\_\_

W11. Did this accommodation solution that (was made, is pending implementation, the decision is pending on, was rejected) include: [Repeat as necessary as preface to each item in table.]

	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
<p>a. Buying a product or piece of equipment (like software, or a tool)?</p> <p>What specific products or pieces of equipment?</p>	<p>Has that accommodation been made?</p>	<p>Are you still waiting on implementation?</p>					
<p>b. Modifying a product or piece of equipment (like software, or a tool)</p> <p>Please describe how the product or equipment was or will be modified?</p>							
<p>c. Modifying the worksite (like a ramp, lighting or mirrors)</p> <p>Please describe the modifications to the worksite</p>							
<p>d. Changes to a work schedule (such as flex time, shift change, part time)</p> <p>Please describe the changes to the work schedule</p> <p>[Light duty = work schedule change if same job, reassignment of changed job</p>							

title]							
e. Moving the employee to another job (or reassignment) What type of work was employee doing before reassignment and what type is or will he be doing after reassignment.							
f. Changes in workplace policy What workplace policies were modified?							
g. Formal or Company Education of co-workers Please describe how the company was/is going to educate co-workers							
	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
h. Providing an interpreter, reader, job coach or personal attendant services? Which services were provided	Has that accommodation been made?	Are you still waiting on implementation?					
i. Providing information in an alternative format (e.g., large print, taped text, Braille, etc.) What alternative formats were provided							
j. Working from home or telework What arrangements were made (# of hours in # hours/wk)							
k. Are there accommodation solutions that we have not talked about? IF YES, Please specify							

[IF ANY PARTS OF Q10 = MADE, Continue  
Else SKIP TO QW14]

W12. On a scale of 1 – 5, how effective was the accommodation, with 1 being (not effective at all) and 5 being (extremely effective)?



- e. Other

SECTION EIII. Education Accommodation Section

**"The following questions explore the outcomes of your consultation with JAN."**

ASK ONLY IF PURPOSE OF CALL = EDUCATION ACCOMMODATION

Else Go To Section IV

E1. Was the accommodation you discussed with JAN about a student in

- a. Elementary/Middle school K-8
- b. High School 9-12
- c. Technical Trade School
- d. Higher Education - College or University level
- e. Other (Please explain: \_\_\_\_\_)

E2. Was this student

- a. Currently enrolled in a degree or special certification program
- b. Applying for a program
- c. Other (Please explain: \_\_\_\_\_)

E6. What is the student's gender? [Interviewers ask even if it seems evident]

[If queried, interviewer may say "Because JAN is a service funded by the federal government, it is important for JAN to establish that they reach a wide range of individuals."]

- a. Male
- b. Female
- c. DK
- d. RF

E7. What is the student's race or ethnicity? (CHOOSE ALL THAT APPLY?)

Race

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian or Other Pacific Islander
- e. White
- f. Other

Ethnicity

- g. Hispanic or Latino
- h. Not Hispanic or Latino
- i. DK
- j. RF

E8. What is the student's age?

- a. less than 18

- b. 18 - 25
- c. 26 - 35
- d. 36 - 45
- e. 46 - 55
- f. 56 - 65
- g. 66 and over
- h. DK    i. RF

E10. After your interaction with JAN, was an accommodation made? (Choose one of a-h).

a. Yes No

b. Implementation Pending (DECISION TO ACCOMMODATE MADE, BUT IMPLEMENTATION PENDING (EXPLAIN/Why?) \_\_\_\_\_)

c. Decision pending (explain/Why?) \_\_\_\_\_

d. No (Please explain why an accommodation was not made. - INCLUDE REASON FOR REJECTING ACCOM.) \_\_\_\_\_

e. other (e.g., employee resigned) explain Please tell me briefly about that.

\_\_\_\_\_

f. DK

g. RF

h. N/A

E11. Did this accommodation solution include: [Repeat as necessary as preface to each item in table.]

	Yes		No	Rejected	Pending	DK	RF
	Made	Waiting					
<p>a. Buying a product or piece of equipment (like software, or a tool)? What specific products or pieces of equipment?</p>	Has that accommodation been made?	Are you still waiting on implementation?					
<p>b. Modifying a product or piece of equipment (like software, or a tool) Please describe how the product or equipment was or will be modified?</p>							
<p>c. Modifying the facility (e.g., ramps, bathroom modification, parking) Please describe the modifications of the facility</p>							
<p>d. Changes to student schedule Please describe the changes to the student schedule</p>							
<p>e. Changes to course or school policy (e.g., allow service animal, increase time to take exam) What was the change to course or school policy</p>							
<p>f. Providing interpreter, reader, scribe, or other service? Which services were provided?</p>							
<p>g. Providing information in an alternative format (e.g., large print, taped text, Braille, etc.) What alternative formats were provided?</p>							



## Section IV. Legislative Outcomes

ASK ONLY IF

Purpose of Call Code = WORK OR EDUCATION LEGISLATION or PUBLIC ACCOMMODATION  
ELSE GO To Section V.

### Legislation Information:

The next few questions ask about how you used the information about ADA or other laws that you received from JAN.

1. Did the information help you to understand the ADA or another law?
  - a. YES
  - b. NO
  - c. DK
  - d. RF

2. Was the information used to argue for or make a policy decision?

[FOR WORK LEGISLATION: If interviewee asks for definition of a policy decision, interviewers may say: A policy decision means a change in the way that a company does business. This may include a change in employee guidelines, policies, and exceptions to policies.]

[FOR EDUCATION LEGISLATION: If interviewee asks for definition: "A policy decision means a change in the way educational services are delivered. This may include a change in guidelines, policies and exceptions to policies.]

[FOR PUBLIC ACCOMMODATION: If interviewee asks for definition: A policy decision means a change in the way that a company or government office does business. This may include a change in guidelines, policies and exceptions to policies.]

- a. YES
- b. NO (SKIP TO Next Section)
- c. DK (SKIP TO Next Section)
- d. RF (SKIP TO Next Section)

3. What was the outcome of that policy decision?
  - a. the policy was changed
  - b. the policy was not changed
  - c. the decision about whether to change the policy is still pending
  - d. other. (Explain) \_\_\_\_\_
    - i. DK
    - j. RF





