

# Telecommuting Accessibility Assessment Form

## Personal Information

Full Name

Position/Title

Department

## Workspace Assessment

Describe your current telecommuting workspace

Do you have a private, quiet space to work?

Is your workspace ergonomically suitable for your needs?

## Technology and Equipment

Do you have reliable internet access?

List devices (computer, phone, etc.) available for telecommuting

Do you have access to necessary software and applications?

## Accessibility Needs

Do you require reasonable accommodations to telecommute effectively?

If yes, please describe the accommodations or adjustments needed

# Comments or Concerns

Additional information or concerns