

## Disability Self-Identification Survey For New Employees

Name (please print) : \_\_\_\_\_ Social Security Number : \_\_\_\_\_

This form is optional. All new university employees are invited to indicate their status below. It will be used to review progress being made in providing employment opportunities to persons with disabilities.

I am **not** a person with a disability.

I am a person with a **disability**.

The Americans with Disabilities Act of 1990 (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. Examples of major life activities are: hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning or working. [29 C.F.R. 51630.2(i)]

I am a person with a **severe disability**.

Severely disabled person means a person with a chronic disability if the chronic disability meets all of the following conditions:

- It is attributable to a mental or physical impairment or combination of mental and physical impairments.
- It is likely to continue indefinitely.
- It results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, capacity for independent living, and economic self sufficiency. (s.230.04 (9r)(a) 2., Stats.)

Employee Signature : \_\_\_\_\_ Date : \_\_\_\_\_