

ME, CFS and Long Covid

Reasonable Adjustments for Work & Education Plan

Section 1: About Me

This section helps to frame the conversation around my strengths and contributions, establishing a positive and capable identity beyond my health condition.

My Name	
My Job Role / Course Title	
My Key Strengths / Skills	
Things I Enjoy About My Work / Studies	
My Preferred Way of Working / Studying	

Section 2: My Emergency Care Plan

This section provides clear, agreed-upon steps for when I am struggling; reducing uncertainty, and ensuring I get the right support quickly.

If you notice my early warning signs (see section 3), the most helpful way to respond is:

In the event of a PEM 'crash' or significant flare-up that requires my absence, the best way to contact me and manage urgent work / studies is:

Post-Exertional Malaise (PEM) is a severe worsening of all symptoms after minimal exertion (physical, cognitive, sensory). PEM is often delayed by 24-72 hours.

Emergency Contact Information:

This person should only be contacted if I become acutely unwell at work/on campus and am unable to communicate for myself.

Name:	
Relationship:	
Contact Number:	

Section 3: My Triggers and Early Warning Signs

This section helps my manager / tutor understand what to look out for and what situations might be challenging for me. This allows for proactive support.

My PEM Triggers	My Early Warning Signs

Section 4: Self-Management Strategies

This section details the self-management strategies I use every day.

My Pacing and Energy Management Strategies:

These are the key strategies I use to manage my energy and stay within my 'energy envelope' to avoid Post-Exertional Malaise (PEM).

My Cognitive Support Strategies (for Brain Fog):

When I experience cognitive difficulties, these tools and techniques help me stay focused and organized.

My Sensory Management Strategies:

To manage my sensitivity to my environment, I use the following strategies.

Section 5: Recommended Support and Adjustments

The following reasonable adjustments would be helpful to me.

These may change depending on whether I am having a 'good' or 'bad' day.

Table 1: Adjustments to Schedule, Workload and Pace

Adjustment Category	Specific Adjustment	Why This Helps Me	What This Looks Like in Practice (Our Agreement)
Working Hours & Schedule	<input type="checkbox"/> Flexible start and finish times <input type="checkbox"/> A compressed working week <input type="checkbox"/> A formal reduction in hours <input type="checkbox"/> An altered work pattern <input type="checkbox"/> For students: reduced credit/course load to achieve full-time status.		
Working Location	<input type="checkbox"/> A hybrid working arrangement <input type="checkbox"/> Flexibility to work from home on days when symptoms are worse <input type="checkbox"/> For students: ability to attend some classes remotely.		

	<input type="checkbox"/> Remote working with occasional trips to the office <input type="checkbox"/> Allocated / designated parking as close to the building as possible		
Breaks	<input type="checkbox"/> More frequent, short rest breaks <input type="checkbox"/> A longer lunch break to allow for a proper rest period. <input type="checkbox"/> Access to a quiet, private space to rest during breaks. <input type="checkbox"/> Access to a space to lie down when required, important for those with orthostatic intolerance		
Workload & Deadlines	<input type="checkbox"/> A longer or gradual phased return to work after a period of sickness absence. <input type="checkbox"/> Clear prioritisation of tasks, especially during busy periods. <input type="checkbox"/> Flexible deadlines for assignments/projects, especially during a symptom flare-up.		

	<input type="checkbox"/> For students: an automatic extension policy or a simple process for requesting extensions without needing a new doctor's note each time.		
Leave & Appointments	<input type="checkbox"/> Paid or unpaid time off to attend medical appointments as a reasonable adjustment. <input type="checkbox"/> An understanding that disability-related absence is managed with consideration to the condition, separate from general sickness absence policies.		

Table 2: Adjustments to My Environment and Equipment

Adjustment Category	Specific Adjustment	Why This Helps Me	What This Looks Like in Practice (Our Agreement)
Workstation & Ergonomics	<input type="checkbox"/> A formal workstation and ergonomic assessment. <input type="checkbox"/> A highly supportive, ergonomic chair. <input type="checkbox"/> A sit-stand desk to allow for		

	<p>changes in posture.</p> <p><input type="checkbox"/> An anti-fatigue mat for standing.</p> <p><input type="checkbox"/> For students: Ergonomic furniture in lecture halls or library study spaces.</p>		
Sensory: Noise	<p><input type="checkbox"/> Permission to use noise-cancelling headphones, even if not standard policy.</p> <p><input type="checkbox"/> My desk/seat being in a quieter area of the office or classroom, away from high-traffic zones, printers, or kitchen areas.</p>		
Sensory: Light	<p><input type="checkbox"/> Use of a computer monitor glare guard.</p> <p><input type="checkbox"/> My desk/seat being located away from direct window light.</p> <p><input type="checkbox"/> My desk/seat being located near to natural light</p> <p><input type="checkbox"/> Disabling or replacing overhead fluorescent lighting with alternative lighting</p>		

	<input type="checkbox"/> Permission to wear sunglasses indoors.		
Sensory: Smell	<input type="checkbox"/> Implementation of a fragrance-free policy in my immediate work area. <input type="checkbox"/> Use of a personal air purification device at my workstation. <input type="checkbox"/> For students: exemption from science labs or art classes with strong chemical or fume exposure.		
Temperature	<input type="checkbox"/> Access to a personal desk fan or small heater. <input type="checkbox"/> My desk/seat being located away from direct air conditioning vents or radiators. <input type="checkbox"/> Flexibility in the dress code to allow for layers or cooler clothing.		

Table 3: Adjustments to Tasks, Communication and Meetings

Adjustment Category	Specific Adjustment	Why This Helps Me	What This Looks Like in Practice (Our Agreement)
<p>Cognitive & Task Support</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Providing important instructions or meeting summaries in writing <input type="checkbox"/> Breaking large, complex projects down into smaller, sequential tasks with individual deadlines. <input type="checkbox"/> Allowing the use of memory aids (e.g., checklists, schedulers, notes) during tasks or tests. <input type="checkbox"/> Assistance with proofreading important documents. 		
<p>Assistive Technology</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Provision of or permission to use voice-to-text software for writing. <input type="checkbox"/> Use of mind-mapping or organizational software for planning. <input type="checkbox"/> For students: Use of a note-taker, AI tools to support 		

	transcription or permission to record lectures.		
Meetings & Presentations	<input type="checkbox"/> Providing meeting agendas and any relevant documents in advance <input type="checkbox"/> Building short breaks into meetings lasting longer than 1 hour <input type="checkbox"/> An option to attend non-essential meetings remotely to save energy. <input type="checkbox"/> Ensuring a clear summary of action points is circulated after the meeting.		
Communication Style	<input type="checkbox"/> A preference for planned conversations or communication via email/instant messenger over spontaneous phone or video calls. <input type="checkbox"/> For students: Having a single, designated point of contact at the school/university to coordinate adjustments and communication.		

Section 6: Agreement and Review Schedule

This Reasonable Adjustment for Education and Work has been developed as a collaborative tool to support my health, wellbeing, and continued productivity. We agree to use this document as a shared point of reference and to review it together to ensure it remains effective and relevant.

Name of Individual: _____

Signature of Individual: _____

Date of Agreement: _____

Name of Employer/Tutor: _____

Signature of Employer/Tutor: _____

Date of Agreement: _____

Next Review Date: _____