

Disabled Persons Accessibility Assessment Form

Participant Information

Full Name

Date

Contact Email

Assessment Location

Assessor Name

Accessibility Aspects

Mobility Access

☐ Accessible ☐ Partially Accessible ☐ Not Accessible

Visual Aids Available

☐ Braille ☐ Tactile Guides ☐ Audio Assistance

Clear Signage

Accessible Restrooms

Hearing Assistance

Comments / Recommendations

Details