

## Accommodation checklist

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### Scheduling:

Location: \_\_\_\_\_

Size of room: \_\_\_\_\_

Preferred days:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Preferred times:

\_\_\_\_\_

\_\_\_\_\_

Days **not** available:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Times **not** available:

\_\_\_\_\_

\_\_\_\_\_

Inclement weather plan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any customers arriving/departing via paratransit or ride-share?

Yes

No

(Note that customers arriving/departing via paratransit may arrive quite early/stay quite late in relation to your event.)

### Transportation

Accessible parking

Van-accessible

Standard-size accessible

Bus access at location?

Paratransit / Ride-share

Type of vehicle: \_\_\_\_\_

Mobility device: \_\_\_\_\_

### Childcare

Is Resource List available?

Is financial assistance available?

Breastfeeding: private room available?

Restroom with child changing table available?

### Interpreter:

Sign language interpreter

Other language (specify): \_\_\_\_\_

## Alternative Formats

- Large Print
  - How large does the customer need? \_\_\_\_\_ OR
  - What is the font size of your preprinted document? \_\_\_\_\_
- Braille
- Electronic format (specify file type): \_\_\_\_\_
- Assistance with reading
- Assistance with writing
- Other (specify): \_\_\_\_\_

## Alternative Seating

- Specialized chair (to reduce pain)
- Table lifters (height of table needed: \_\_\_\_\_)
- Close to presenter
- Close to door
- Space to move around during meeting
- Has mobility needs (see next section)

## Mobility needs / uses:

- Uses (mobility) cane
- Uses (white) cane
- Uses crutches
- Uses walker
- Uses manual wheelchair
- Uses power wheelchair
- Uses bariatric wheelchair
- Uses service animal
- Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

## Dietary Needs

- Medications
- Food Restrictions (specify):  
\_\_\_\_\_  
\_\_\_\_\_
- Diabetic
- Vegetarian
- Other (specify):  
\_\_\_\_\_

## Environmental allergies

- Need fragrance-free room/participants
- Need smoke-free room/participants
- Allergy to dogs
- Other (specify):  
\_\_\_\_\_

## Preferred Method of Contact

- Phone
- Email
- Text
- Facebook
- Other (specify): \_\_\_\_\_

## Other comments:

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