Home Environment Information

NAME: ________________________________ DOB: ___________ DOE: __________________

The information can be completed by the parent/guardian or with the assistance of the occupational/physical therapist. The purpose of this form is to gather information regarding the student’s home environment in order to make recommendations to assist the student in becoming more independent.

I. HOME DESCRIPTION

Address: ___________________________________________________________

Circle the best description of your home: Single Family (___ number of floors)
Duplex (___ number of floors) Apartment (which floor? ____) Mobile Home
Do you ____ rent ____ own your home?
If you rent, will the landlord let you make physical changes, such as installing railing? Yes No

II. HOME ENTRANCE

A. GROUND SURFACE/YARD SURFACE
Circle the type of ground your child travels over to get into your home.
Paved sidewalk Paved Driveway Grass Gravel
Is the ground: Level Hilly

B. STAIRS
Do you have outside stairs? Yes No Number of steps: ________
Is there a railing? Yes No What side? Left Right
Would additional railing assist your child? Yes No
Can your child get up and down the stairs without assistance? Yes No
If “no,” please describe how you help your child: ___________________________
Height of each step _____ inches Width of each step _____ inches
Is there a lip on the step that is interfering with your child’s ability to climb the stairs?
Yes No

C. RAMP
Do you have a ramp? Yes No
If “yes,” what type of surface is on the ramp (e.g., metal, painted wooden, textured)?
Please note if the ramp gets slippery when wet. ____________________________
Can your child get up and down the ramp without assistance? Yes No
If “no,” please describe how you help your child: ___________________________

III. INSIDE: CHILD’S BEDROOM

A. FLOOR PLAN
On the other side of this paper please draw a diagram of your child’s bedroom. Show the position of the bed, chairs, and chest of drawers, noting in inches the spaces between the items.
Would eliminating a piece of furniture assist your child in moving? Yes No
Would a different floor plan help? Yes No
B. **DOORWAY**
   Width of doorway: ____ inches Is there a threshold/doorsill? Yes No
   Can your child get into the room independently? Yes No
   If your child cannot get into this room independently, would there be additional doorway space if the door was hung differently? Yes No

D. **FLOOR SURFACE**
   Circle the type of floor covering in your child’s bedroom:
   - Wall-to-wall carpet
   - Scatter rugs
   - Tile
   - Wood
   - Vinyl
   Is the floor too slippery? Yes No
   Are scatter rugs interfering with mobility? Yes No

D. **BED**
   Type: Single Double Queen King Hospital Bed Other __________
   Height from floor to top of mattress: _________ inches
   Would raising or lowering the bed assist your child with transfers? Yes No

E. **TRANSFERS**
   Describe how your child gets into bed: ____________________________________
   ____________________________________
   Describe how your child gets out of bed: _________________________________
   ____________________________________
   If you lift your child into and out of bed, is your child becoming too large/heavy for you to lift? Yes No

IV. **BATHROOM**

A. **FLOOR PLAN**
   On the other side of this paper please draw a diagram of the bathroom your child uses. Show the position of the toilet, tub or shower, and sink, noting in inches the space between the items. Is there an additional bathroom that may be more adaptable?

B. **DOORWAY**
   Width of doorway: ___ inches Is there a threshold/doorsill? Yes No
   Can your child get into the bathroom independently? Yes No
   If “no,” describe why not: ________________________________________________
   ____________________________________
   Would a narrower wheelchair fit through the doorway? Yes No

C. **TOILET**
   Height from floor: _________ inches
   Do you have a raised/ elevated toilet seat? Yes No
   Toilet rails? Yes No
   (If “yes,” note the location on your bathroom floor plan.)
   Describe how your child gets on the toilet: _________________________________
   ____________________________________
Describe how your child gets off the toilet: ____________________________________________

________________________________________

Once on the toilet, can your child sit independently?  Yes  No
Is the toilet paper accessible?  Yes  No
Does your child need an adapted potty chair or trunk support?  Yes  No

Fill in either section D or E, depending on your bathroom.

D.  TUB
Height from the floor to the top of the rim: _______ inches
Inside tub width: _______ inches
Do you have a curtain or glass door? (Circle whichever applies)
If a glass door, what is the width in inches? ________________
Describe how your child gets into the tub: ____________________________________________

________________________________________

Describe how your child gets out of the tub: ____________________________________________

________________________________________

Once in the tub, can your child sit independently?  Yes  No
If “no,” describe the problem: ______________________________________________
Does your child need some type of support while in the bathtub?  Yes  No

E.  SHOWER STALL
Do you have a curtain or glass door? (Circle whichever applies)
Entrance width to shower stall: _______ inches  Height of bottom rim:____ inches

Describe how your child gets into the shower stall: ____________________________________________

________________________________________

Describe how your child gets out of the shower stall: ____________________________________________

________________________________________

Once in the shower stall, can your child stand independently?  Yes  No
If “no,” describe the problem: ______________________________________________

Would a shower chair assist your child?  Yes  No
Is there a need for railing?  Yes  No  Nonskid mat?  Yes  No

F.  SINK
Are the faucets accessible?  Yes  No
What is the knee space under the sink?  _____ inches
Are there exposed pipes under the sink?  Yes  No
Should the exposed pipes be padded?  Yes  No
Is the towel rack accessible?  Yes  No

V.  INSIDE THE HOME

Can your child move without assistance from the room to room within your home?
Yes ___  No ___
If “no,” please describe the problem: ____________________________________________
Are the widths of the doorways a problem?  Yes  No
Does the floor covering in the house interfere with your child’s mobility?  Yes  No

VI. TRANSPORTATION

Type of car:  two door  four door  van
Front seat:  Standard Bucket (circle)  Seat Belts:  Yes  No
Rear seat:  Standard Bucket (circle)  Seat Belts:  Yes  No
Describe how your child gets into the car:  

Describe how your child gets out of the car:  

Once in your car how does the child sit?
_____ independently  _____ in a car seat  (Type:  
_____ in a travel chair  _____ other
Type of van  Do you have a lift?  Yes  No
If “no,” how do you get your child in and out of the van?  

VII. POSITIONING EQUIPMENT

Please describe any special positioning equipment your child uses at home (e.g., special chair, a standing device, etc.). List any equipment you have but are unable to use and why (e.g., child has outgrown it, no longer needs it, equipment is in need of repairs, etc.).

VIII. CONCERNS

Please list any other problems or concerns that you may have regarding your child functioning as independently as possible at home, such as in the kitchen.

Parent/ Guardian Signature  
Date  
