

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 _____