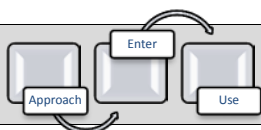


Inclusivity Assessment Tool



Section A: Agency Information

1	Name of agency	
2	Street address (or intersection) (if remote site with no street address, provide GPS coordinates)	
3	City	
4	State	
5	Zip code	
6	County	
7	Mailing address (if different from street address)	
8	Telephone number	
9	Agency email address	
10	Website address	
11	Type of agency	
12	Activities offered	



Section B: Physical Inclusion

- For Section B and the Specialty Checklists, you will need a tape measure, a clinometer, a 60" circle, and a fish scale.
- Complete an "Additional Building Checklist" for each major facility at the agency.

APPROACH: Transportation

13	Does transportation serve area or facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> photo
14	If yes, type of transportation available:	<input type="checkbox"/> public	<input type="checkbox"/> agency		
15	If yes, does transportation accommodate a person using a wheelchair?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> photo
16	Comments/additional information about transportation: <i>NOTE: If needed, ask about Transportation Services during the interview</i>				

APPROACH: Parking

17	Name of the first parking lot/area: _____ Attach "Additional Parking Checklists" for each parking lot/area assessed				
18	Type of parking assessed: (if both are present, assess the agency parking)	<input type="checkbox"/> agency parking	<input type="checkbox"/> street parking		
19	Parking spaces are:	<input type="checkbox"/> lined	<input type="checkbox"/> unlined		
20	Are designated or marked accessible parking spaces provided?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a	<input type="checkbox"/> photo

21	If yes, are the spaces clearly marked with upright signs designating them as accessible? (international symbol of accessibility or clear wording)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
22	Number of designated accessible spaces: (if unlined, approximate number of accessible spaces)	_____ spaces
23	Width of designated accessible spaces:	_____ inches (at least 96")
24	Number of designated accessible spaces with access aisles:	_____ spaces
25	Width of access aisles:	_____ inches (at least 60"; 96" in NY)
26	Distance from parking to entrance: (if no designated accessible parking, measure distance from middle of parking lot/area to entrance)	_____ feet
27	Is there a continuous unobstructed route of travel from parking to entrance?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
28	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
29	Describe the surface of the route of travel:	
30	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
31	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
32	Comments/additional information about parking and route of travel to entrance:	

ENTER: Entrances

33	Name of the first entrance: _____ <i>Attach "Additional Entrance Checklists" for each entrance assessed</i>	
34	Is the international symbol of accessibility displayed by entrance? (or signage designating accessibility)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
35	Are there stairs to gain entry?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
36	Number of stairs:	_____ stairs
37	Describe the type of railing:	
38	Is a ramp provided?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
39	Width of ramp (at its narrowest point):	_____ inches (at least 36")
40	Slope of ramp (at its steepest incline):	_____ % (maximum 8%)
41	Depth of ramp landing:	_____ inches (at least 60" depth)
42	Describe the surface of ramp:	
43	Describe the type of railing on the ramp:	
44	Type of door: <input type="checkbox"/> manual <input type="checkbox"/> automatic <input type="checkbox"/> revolving <input type="checkbox"/> other: _____ <input type="checkbox"/> n/a	
45	Are there doors in a series to gain entry?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
46	If yes, distance between doors:	_____ inches (at least 48")
47	Clear open width of door:	_____ inches (at least 32")
48	Opening force: (enter n/a if automatic door)	_____ pounds (8.5 pounds or less)
49	Handle type entering: <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
50	Handle type exiting: <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
51	Clear space on pull (handle) side of door:	_____ inches (at least 18")
52	Comments/additional information about entrance:	

USE: Registration/Reception/Check-in Area		
53	Is there a continuous unobstructed route of travel from entrance (if indoor facility) or parking (if outdoor facility) to registration/check-in area?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
54	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
55	Describe the surface of the route of travel:	
56	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
57	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
58	Is the registration/reception/check-in counter easily located?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
59	Height of counter:	_____ inches (36" or less)
60	If counter is higher than 36", is a fold-out shelf available?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
61	Is the registration area large enough for wheelchair maneuvering? (60" circle)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
62	If no, provide dimensions of free space in registration area:	_____ inches by _____ inches
63	Is signage clear in registration area? (word, picture, and Braille or raised lettering)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
64	Comments/additional information about reception/registration/check-in area:	
USE: Public Restroom/Toilet		
65	Name of the first restroom: _____ <i>Attach "Additional Restroom Checklist" for each restroom assessed</i>	
66	Is there a continuous unobstructed route of travel from entrance (if indoor facility) or parking (if outdoor facility) to restroom?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
67	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
68	Describe the surface of the route of travel:	
69	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
70	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
71	Is a single use restroom provided (e.g., family, companion, single room)?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
72	Restroom assessed:	<input type="checkbox"/> single use/ family <input type="checkbox"/> female <input type="checkbox"/> male
73	Is signage clear? (word, picture, and Braille or raised lettering provided for signs)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
74	Clear open width of door to restroom:	_____ inches (at least 32")
75	Opening force: (enter n/a if automatic door)	_____ pounds (5 pounds or less)
76	Handle type entering : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
77	Handle type exiting : <input type="checkbox"/> automatic <input type="checkbox"/> knob <input type="checkbox"/> pull <input type="checkbox"/> push/pull paddle/bar <input type="checkbox"/> entry set-top button <input type="checkbox"/> lever <input type="checkbox"/> push plate <input type="checkbox"/> other:	
78	Clear space on pull (handle) side of door:	_____ inches (at least 18")
79	Does the toilet stall door swing open to outside of stall?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
80	Is the toilet area large enough for wheelchair maneuvering? (60" circle)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
81	If no, provide dimensions of free floor space in stall/toilet area:	_____ inches by _____ inches
82	Is the center line of the toilet positioned 16"-18" from the nearest side wall?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
83	Are grab bars mounted on at least two sides of the toilet?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
84	Number of grab bars:	_____ bars
85	Toilet seat height:	_____ inches (between 17"-19")

86	Is the sink area large enough for wheelchair maneuvering? (60" circle)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
87	If no, provide dimensions of free space in sink area:	_____ inches by _____ inches
88	Height of sink:	_____ inches (34" or less from floor)
89	Sink is:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> cabinet
90	Depth of knee space under sink: (from outer edge of sink to pipes or other obstruction under sink)	_____ inches (at least 8")
91	Are faucet controls usable without grasping?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
92	Location of soap dispensers:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
93	If wall-mounted, height of soap dispensers:	_____ inches (no higher than 48" from floor)
94	Location of hand dryer/paper towels:	<input type="checkbox"/> wall-mounted <input type="checkbox"/> on sink
95	If wall-mounted, height of hand dryers/paper towel dispensers:	_____ inches (no higher than 48" from floor)
96	Comments/additional information about public restroom/toilet:	

USE: Elevator(s)

97	Is an elevator provided to access recreation areas on other floors?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
98	Is there a continuous unobstructed route of travel from entrance to elevator?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
99	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
100	Describe the surface of the route of travel:	
101	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
102	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
103	Elevator control panel height:	_____ inches (48" max above the floor)
104	Methods of communication for elevator controls: (check all that are present)	<input type="checkbox"/> audible <input type="checkbox"/> tactile <input type="checkbox"/> visual <input type="checkbox"/> none
105	Elevator door width:	_____ inches (at least 36")
106	Does elevator have a sensor that reopens the door or does door stay open at least 20 seconds?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
107	Size (clear space) of elevator car:	_____ inches by _____ inches
108	Is the elevator well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
109	Comments/additional information about elevator:	

USE: Stairs

110	Is there a continuous unobstructed route of travel from entrance to the stairs?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
111	Is the route of travel well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
112	Describe the surface of the route of travel:	
113	Slope of route of travel (at its steepest incline):	_____ % (enter 0% if flat)
114	Width of route of travel (at its narrowest point):	_____ inches (at least 36")
115	Number of stairs:	_____ stairs
116	Are the stairs well-lit?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
117	Are stair edges clearly marked in contrasting color?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
118	Is a handrail provided?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> photo
119	Comments/additional information about stairs:	

USE: Specialty Recreation Checklists

Below, check all of the facilities/ amenities present at this agency and use the specialty checklists (available on the IRRC website) to assess those areas.

Facility/Amenity	Present	Facility/Amenity	Present	Facility/Amenity	Present
Activity/meeting/class room	<input type="checkbox"/>	Exercise equipment area	<input type="checkbox"/>	Play area/playground	<input type="checkbox"/>
Amusement ride	<input type="checkbox"/>	Fishing area/pier/platform	<input type="checkbox"/>	Sauna/steam room	<input type="checkbox"/>
Arcade/casino/pool hall	<input type="checkbox"/>	Gazebo/picnic shelter/pavilion	<input type="checkbox"/>	Shooting facility	<input type="checkbox"/>
Batting cage	<input type="checkbox"/>	Gift shop/pro shop	<input type="checkbox"/>	Skating rink	<input type="checkbox"/>
Beach	<input type="checkbox"/>	Golf and driving range	<input type="checkbox"/>	Ski/snowboard area	<input type="checkbox"/>
Boating facility	<input type="checkbox"/>	Library	<input type="checkbox"/>	Spa/hot tub	<input type="checkbox"/>
Bowling lane	<input type="checkbox"/>	Locker room/showers/changing area	<input type="checkbox"/>	Sport facility/field/court (indoor or outdoor)	<input type="checkbox"/>
Campsite	<input type="checkbox"/>	Miniature golf	<input type="checkbox"/>	Stadium/arena/grandstand	<input type="checkbox"/>
Comfort station/shower house	<input type="checkbox"/>	Museum/exhibit	<input type="checkbox"/>	Swimming pool/wading pool	<input type="checkbox"/>
Concession area/cafe	<input type="checkbox"/>	Overlook/observation area/platform	<input type="checkbox"/>	Theater/amphitheater	<input type="checkbox"/>
Dance/martial arts studio	<input type="checkbox"/>	Picnic area/grill/fire ring	<input type="checkbox"/>	Trail	<input type="checkbox"/>
Equestrian mounting platform	<input type="checkbox"/>				

Please comment on any additional areas/facilities at this site that are not on the list above.

Notes about physical inclusion (Any additional information about physical accessibility you feel would be helpful to people with disabilities and their families)


Social Inclusion

Social inclusion is comprised of three sections: administrative practices, adaptive equipment, and programming practices. For these three sections, you will need to interview managers and staff, observe programs or services, and review written materials.



SECTION C. Administrative Practices

Agency Mission and Values

120	Does the agency mission clearly reflect a belief about inclusion of people with disabilities and other differences?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
121	Do agency vision and values articulate support for inclusion of people with disabilities and other differences?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
122	Comments/additional information about agency mission:	

Staff

123	Does upper administration (e.g., board of directors, administrators, managers) show support for inclusion?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a
124	Is a point of contact or ADA coordinator designated to coordinate inclusion at the agency? (preferably a certified therapeutic recreation specialist)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

125	If yes, list name, job title, phone number, and email address of the point of contact/coordinator:		
	Name:	Phone number:	
	Job Title:	Email:	
126	Are managers and front line staff trained in disability awareness & inclusion as a routine part of staff orientation?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
127	If yes, list main topics covered in training:		
128	When observed, or when asked in an interview, do staff members interact with people with disabilities in a helpful and respectful manner?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
129	Comments/additional information about agency staff:		
Agency Planning			
130	Are people with disabilities and/or their families involved in agency planning efforts? (e.g., board of directors, advisory board, public input)	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
131	If yes, list types of involvement/input:		
132	Is the agency involved in ongoing plans for inclusion and accessibility?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
133	If yes, has the agency made progress on identified areas in plan?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
134	Comments/additional information about agency planning:		
Agency Communication and Marketing			
135	Is person first language used in written materials?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
136	Is person first language used in oral communication?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
137	Are alternative forms of communication available?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
138	If yes, check the alternative forms of communication available: <input type="checkbox"/> assisted listening devices <input type="checkbox"/> computer screen with reader <input type="checkbox"/> oral communication provided in print <input type="checkbox"/> TDD/TTY <input type="checkbox"/> Braille <input type="checkbox"/> large print <input type="checkbox"/> pictorial <input type="checkbox"/> other: <input type="checkbox"/> close-captioned video <input type="checkbox"/> multiple languages <input type="checkbox"/> sign language		
139	Do marketing and other printed agency materials reflect inclusion of people with disabilities? (e.g., access information provided, people with disabilities pictured in publications or on web site)	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
140	Is the agency website usable by people of all abilities? (e.g., simple design, consistent navigation, alt text for graphics, high contrast, no flashing/blinking features)	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
141	Comments/additional information about agency communication and marketing:		
Agency Policies and Procedures			
142	Are emergency warning and evacuation procedures in place for safe exit of people with disabilities? (e.g., auditory and visual alarm systems, areas of rescue assistance identified)	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
143	Is all staff trained in the procedures for safe evacuation of people with disabilities in the event of an emergency?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
144	Is there a written policy about the use of service animals?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
145	Is there a written policy about the use of motorized mobility devices?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
146	Do personal care attendants attend free when accompanying a person with a disability?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
147	If applicable, do prices for services accommodate people with financial need?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
148	If applicable, are special dietary needs met?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> n/a
149	Comments/additional information about agency policies and procedures:		

Evaluation

150	Does the agency conduct evaluation on an ongoing basis and at the end of programs/services?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
151	If yes, does evaluation include feedback on inclusion, accessibility or use of supports & accommodations?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
152	Comments/additional information about agency evaluation of inclusion:			

Partnerships and Collaboration

153	Does the agency have partnerships with disability and other community organizations?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
154	List partnerships:			
155	Comments/additional information about agency partnerships and collaboration:			

Notes about administrative practices

(Any additional administrative practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

NOTE: If needed, ask about Transportation Services during the interview (from Section B, pg. 1)**SECTION D: Adaptive Equipment**

156	Is adaptive equipment available to allow fuller participation?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
157	List adaptive equipment available:			
	Equipment:	Limitations with equipment (weight, size, etc.)	How to access equipment	
	a.			
	b.			
	c.			
	d.			
	e.			
	f.			
	g.			
	h.			
	<i>(add additional sheets if needed)</i>			
158	Comments/additional information about adaptive equipment:			

Agency: ☐ **Offers programs** (Complete Section E) (e.g., bowling leagues, lessons, activities, camp or sports programs)
☐ **Does not offer programs** (skip to Section F on page 9)



SECTION E. Program Practices

Name of Program(s): _____

Registration and needs assessment

159	Does the registration or sign-up form ask if additional assistance or accommodations may be needed for participation in the program or activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
160	Is the inclusion point of contact (or ADA coordinator) listed on the registration form?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
161	Is there a way to conduct a needs assessment or gather additional information for successful participation, when needed? (e.g., an assessment or interview)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
162	When needed, does staff conduct pre-program meetings or orientations with participants with disabilities, prior to starting a program or activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
163	Comments/additional information about registration and needs assessment:			

Supports available

164	Are additional staff or volunteers available to assist in inclusion, when needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
165	Are peer orientations about disability and inclusion available, when needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
166	Do peers help provide assistance with inclusion, when needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
167	Are positive behavioral supports used in the program or activity, when needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
168	Is a quiet area available for calming or relaxation needs?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
169	If yes, describe quiet area:			
170	Comments/additional information about supports:			

Activity accommodations

171	Are activities modified to individual needs, when needed?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
172	If yes, typical modifications provided: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> activity space <input type="checkbox"/> can be cooperative or competitive </div> <div> <input type="checkbox"/> length of activity <input type="checkbox"/> rules of activity </div> <div> <input type="checkbox"/> skill level <input type="checkbox"/> other: </div> </div>			
173	Do activities allow structured time for socialization between participants?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
174	Is task/activity analysis used to determine needs? (breaking down activities into steps or parts)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
175	Can people partially participate in activities, when needed? (e.g., take breaks, do only part of activity)	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> n/a
176	Comments/additional information about activity accommodations:			

Specialized programs or services

177 Are specialized/segregated programs for people with disabilities provided? ☐ yes ☐ no ☐ n/a

178 List and describe specialized programs:

Program:	Brief description:
a.	
b.	
c.	

(add additional sheets if needed)

179 Comments/additional information about specialized programs:

Notes about program practices

(Any additional program practices you noted at the agency that are not listed above that you feel are helpful to people with disabilities and their families)

F. Summary

Please provide a brief description of the agency; this summary will appear on the IRRC website. Include pertinent information you feel is helpful for people with disabilities and their families/friends when recreating at this agency/site.

**SECTION G. Inclusivity Assessment Information**

180	Date of assessment (month/day/year)	
181	Name of assessor(s) (first & last names)	
182	Email(s) of assessor(s)	
183	Name of staff interviewed for assessment (first & last names)	
184	Email(s) of staff interviewed	
185	Job title(s) of staff interviewed	
<i>Items 186-189 do not appear in the Online Recreation Database</i>		
186	Describe information about inclusivity you provided to the agency during this assessment	
187	Describe any changes that will be made at this agency as a result of this assessment	
188	Additional areas or facilities to assess at this agency that you did not complete on this visit	
189	Comments about the Inclusivity Assessment process and questions for follow-up:	

For questions or further information, please contact us at: InclusiveRec@cortland.edu or 607-753-4833 or www.InclusiveRec.org