

environmental checklist

NAME: _____

DATE: _____

Please fill this form out for each residence you/your child spends multiple overnights at.

Please check **ALL** that apply:

Where you live:

- Country
- Suburban
- City
- Beach
- A yard
- Fenced yard- height: _____
- Sidewalks
- House
- Townhome with shared walls
- Apartment
- One level
- Two story
- Stairs
- Elevator
- Electric dog fence
- Other: _____
- Other: _____

Other animals you encounter:

- Dogs
- Cats
- Rabbits
- Horses
- Donkeys
- Goats
- Chickens
- Guinea pigs
- Hamsters
- Turtles
- Lizards
- Alligators
- Snakes
- Neighbors animals that share fence
- Other: _____
- Other: _____

Modes of transportation you use:

- Car
- Public Bus
- School Bus
- Plane
- Trains
- Bicycles
- Scooters
- Strollers
- Wagon
- Wheelchair
- Rollerblades
- Golf cart
- ATV
- Jetski
- Boat
- Other: _____

Activities you/your child do:

- Swimming
- Horseback Riding
- Hiking
- Sports: _____
- Sports: _____
- Sports: _____
- Tae Kwon Do/Karate
- Dance
- Theater
- Other: _____
- Other: _____

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Around the house:

- Roomba
- Puzzles
- Balloons
- Soft plushy toys
- Toys that make noise
- iPad
- AAC Device
- Video Games
- Bean Bags
- Legos
- Cars/trucks
- Dolls
- Trampoline inside outside
- Swings inside outside
- Hammocks inside outside
- Sand Box
- Playground
- Pool
- Jacuzzi
- Bonfire
- Fireplace
- Instruments:_____
- Medical equipment (wheelchair, oxygen, etc.) _____
- Other:_____
- Other:_____

Additional Notes:



Places you go

- Bowling
- Go Karts
- Concerts
- Theater shows
- Arcade
- Amusement Park
- Beach
- Aquarium
- Zoo
- Kayaking
- Farm
- Playground
- Out to eat
- Gym
- Acupuncturist
- Chiropractor
- Therapy:_____
- Therapy:_____
- Therapy:_____
- Other:_____
- Other:_____

At work/School:

- Laboratory
- Industrial
- Medical
- Cosmetology
- City
- Office
- Gym
- Other:_____
- Other:_____

thank-you

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