

MARY T. MORSE, Ph.D.*Special Education Consultant & Certified Teacher of the Visually Impaired*Email: marymorsesped@aol.com**ENVIRONMENTAL CONSIDERATION CHECKLIST**

The following factors may or may not have an impact on students and adults who have CVI or TBI. They are listed to raise awareness that certain aspects of the environment may need to be modified for specific individuals. It is suggested that systematic data sheets be used (a) to more accurately determine the optimum environment to begin therapies and the healing process and (b) prior to generalizing gains to other situations. **Please Note:** The word “student” is used because the author developed and uses this form when providing assessments within school and home environments. It is hoped the form is equally helpful when working with adults.

STUDENT:	DATE:	INVOLVED PERSONS	ACTIVITY
1.		Is the environment familiar?	___yes ___no
2.		Is the person working with the student familiar?	___yes ___no
3.		Is the student positioned	
		• safely?	___yes ___no
		• in relation to materials and partners such that he/she can communicate visually, auditorally &/or motorically?	___yes ___no
4.		<u>ROOM CHARACTERISTICS</u>	
		• Is the room safe (uncluttered pathways, safe corners/edges, closed doors/cabinets, no protruding objects, appropriate size furniture & appliances, etc.)?	___yes ___no
		• Does the room have well defined work areas?	___yes ___no
		• Are there clear paths from one work area to another?	___yes ___no
		• Are the pathways used in a consistent manner?	___yes ___no
		• Are work areas organized, neat, labeled & accessible?	___yes ___no
		• Are there patterns on the ___furniture ___walls ___floor ___ceiling?	
		• Does the room seem visually ___organized or ___disorganized	
		• DOES THE ORGANIZATION OF THE ROOM PROMOTE ANTICIPATION OF SCHEDULED EVENTS?	___yes ___no
5.		<u>LIGHTING CONDITIONS</u> : Lighting considerations are not only important as related to	

- voice tone, volume ___yes ___no
 - hands cold ___yes ___no
 - hands warm ___yes ___no
8. **ROOM TEMPERATURE** hot___ moderate___ cool___ cold___
9. Note any unusual **ODORS**
10. **STUDENT CHARACTERISTICS** IS THE STUDENT READY IN TERMS OF
- glasses ___yes ___no
 - hearing aids ___yes ___no
 - auditory trainer ___yes ___no
 - proper position ___yes ___no
 - medical needs met ___yes ___no
 - hunger & toileting needs met ___yes ___no
 - seizure status considered ___yes ___no
 - sensory-motor tolerance considered ___yes ___no
 - fatigue/energy level considered ___yes ___no
 - other needs ___yes ___no
11. **ACTIVITY CHARACTERISTICS**
- number of stimuli presented _____
 - on what visual plane _____
 - size of materials _____
 - spacing of materials _____
 - figure-ground contrast _____
 - motor-friendly materials _____
 - organization of materials (activity sequence boards) _____

** Please Note: The use of perfume or other artificial aromas are contraindicated when working with individuals with CVI or TBI.