

INDOOR ASSESSMENT

STUDENT: _____ DATE: _____

LIGHTING CONDITION: _____

START: _____ DESTINATION: _____

ROUTE: _____ (Familiar Environment – home/school)

I.	<u>School</u>	<u>Home</u>
_____	Classroom	_____ Kitchen
_____	Office	_____ Living Room
_____	Nurse's Office	_____ Bedroom
_____	Lunchroom	_____ Front Door
_____	Library	_____ Back Door
_____	Auditorium	_____ Play Room

Observations:

Gait:

Head Position

Lighting Changes

Color Contrasts:

- | | |
|---|-----------------------------|
| _____ Avoids open doors | _____ Stops for down stairs |
| _____ Sees closed doors | _____ Judges depth of step |
| _____ Avoids objects to right | _____ Negotiates doors |
| _____ Avoids objects to left | |
| _____ Avoids objects eye level and above | |
| _____ Avoids objects at waist level | |
| _____ Avoids objects knee level and below | |
| _____ Avoids people | |
| _____ Stops for stairs | |
| _____ Notice and identify familiar people | |

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II. Visual Identification of an Unfamiliar Room (What's in this room)

_____ What is the shape of the room?

_____ Where are the corners?

_____ How many:

_____ tables?

_____ chairs?

_____ desks?

_____ windows?

_____ doors?

_____ lights?

What color are:

_____ walls?

_____ floors?

_____ bulletin boards?

*Walk around the room and repeat above questions, if necessary.

III. Colors, Shapes, and Size

	<u>Sign</u>	<u>Distance</u>
Stop		_____
Yield		_____
School crossing		_____
Pedestrian crossing		_____
Telephone		_____

IV. Scanning

	<u>Right</u>	<u>Left</u>
Foot level	_____	_____
Knee level	_____	_____
Waist level	_____	_____
Eye level	_____	_____
Above Head	_____	_____