

PERSONAL PLAYSPACE REVIEW for INCLUSIVE-PLAY OPPORTUNITIES

Park Name: _____

Street: _____ City / Town: _____

PERSONAL PROFILE:

Review By: _____ Date: _____

As the evaluator, do you have a disability that may adversely effect, or limit, your play experience at a typical playspace? NO YES

If yes, please check applicable box and/or describe yourself:

Mobility A: limited stamina	Mobility B: walker/cane/crutch	Mobility C: wheelchair/scooter	Mobility D: grasp/reach	VISUAL	AUDITORY	COGNITIVE	OTHER

NOTES: _____

REVIEW: PARK PLAYSPACE ACCESS:

From my experience at this park location, I found the "ease of use" for access to/from the playground playspace to be ...	POOR	GOOD	GREAT	EXCEPTIONAL

REVIEW: PLAYSPACE GROUND SURFACE MATERIAL:

From my experience at this park location, I found the "ease of use" of the playspace ground surface to be ...	POOR	GOOD	GREAT	EXCEPTIONAL

REVIEW: PLAYSPACE PLAYSTRUCTURE DESCRIPTION:

In comparison to other playspaces you are familiar with, the general, or overall, size of this playspace playstructure is ...	SMALL	MEDIUM	LARGE	EXTRA LARGE

In comparison to other playspaces you are familiar with, the age of user that would most enjoy this playspace is ...	Under 3 Years	3-5 Years	5 -12 Years	ALL AGES

The playstructures and/or the playspace includes: (check any/all applicable)	access RAMPS	access STAIRS	PLATFORMS	BRIDGES	TUNNELS	CLIMBERS
	Overhead BARS	Play PANELS	SLIDES	SWINGS	spring RIDERS	motion TOYS

Please list any notable or unique features found, here: _____

From my experience at this park location, I found the "play-value" for the playground play equipment to be ...	POOR	GOOD	GREAT	EXCEPTIONAL

From my experience at this park location, I found the "ease of use" for the playground play equipment to be ...	POOR	GOOD	GREAT	EXCEPTIONAL

REVIEW CONCLUSION:

From my experience at this park/playspace/playground, I would recommend this park to others with similar abilities to myself. (see above) NO YES

COMMENTS/SUGGESTIONS: _____