



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
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:_____

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
- ☐ Swings
- ☐ Hammocks
- ☐ 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:_____



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