

ACCESSIBILITY ACCOMMODATIONS CHECKLIST

Creating an Inclusive Practice for Clients with Disabilities

SECTION 1: PHYSICAL SPACE

- Entrance is wheelchair accessible (ramp, automatic doors, or assistance available) _____
- Pathway to office is clear and wide enough for mobility devices _____
- Accessible parking or drop-off area nearby _____
- Accessible restroom available _____
- Seating options (chairs with arms, different heights, space for wheelchair) _____
- Service animals welcomed (water bowl available) _____
- Lighting adjustable or non-fluorescent options _____
- Signage includes Braille or large print _____

SECTION 2: COMMUNICATION

- Materials available in large print upon request _____
- Screen reader-compatible digital documents (PDFs tagged for accessibility) _____
- ASL interpreter or video relay service available/coordinated when needed _____
- Written summaries provided for clients with auditory processing needs _____
- Visual aids available for clients with cognitive differences _____
- Plain language versions of consent forms and handouts _____
- Flexible communication methods (email, text, phone based on client need) _____

SECTION 3: SESSION ACCOMMODATIONS

- Flexible session length when needed (breaks, shorter sessions, extended time) _____
- Client can stand, move, or use fidget tools during session _____
- Remote/telehealth option available for mobility or transportation barriers _____

- Appointment reminders in client's preferred format
- Allow support person in session if client requests
- Sensory accommodations discussed (lighting, sound, scent)
- Check-in on energy/pain levels at start of session

SECTION 4: INTAKE & DOCUMENTATION

- Intake forms ask about accommodation needs (not just diagnosis)
- Question: "Is there anything about how you process information that would help me support you?"
- Question: "Do you have any physical needs I should be aware of for our sessions?"
- Document accommodations in treatment plan
- Revisit accommodation needs periodically (needs change)

SECTION 5: ATTITUDES & ASSUMPTIONS

- I don't assume what a client can/can't do based on appearance
- I ask about needs rather than making assumptions
- I recognize invisible disabilities are real
- I avoid inspiration porn language ("You're so brave!")
- I see disability as diversity, not deficit
- I'm willing to say "I don't know — tell me what works for you"

SECTION 6: ONGOING LEARNING

- I've reviewed ADA basics for healthcare providers
- I seek out disability-led training and resources
- I follow disabled clinicians and advocates to learn from lived experience
- I examine my own ableist assumptions regularly

Not sure where to start?

Ask your client: "What do you need from me to make our sessions work for you?"