

Inclusive Event Accessibility Checklist

Date: [Insert Date]

To: [Insert Recipient's Name]

From: [Insert Your Name/Organization]

Event Details

Event Name: [Insert Event Name]

Event Date: [Insert Event Date]

Event Location: [Insert Event Location]

Accessibility Checklist

- Is the venue wheelchair accessible? [Yes/No]
- Are accessible restrooms available? [Yes/No]
- Is there designated seating for individuals with disabilities? [Yes/No]
- Are there alternative formats for materials (e.g., large print, Braille)? [Yes/No]
- Will sign language interpreters be available? [Yes/No]
- Is parking accessible for disabled attendees? [Yes/No]
- Are there visual and auditory aids provided? [Yes/No]

Comments/Notes

[Insert any additional comments or notes regarding accessibility]

Thank you for considering the accessibility needs of all attendees.

Best Regards,

[Your Name]

[Your Organization]