

Wheelchair Accessibility Assessment Findings

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

We are pleased to present the findings from the wheelchair accessibility assessment conducted at [Location/Facility Name] on [Date of Assessment]. The purpose of this assessment was to evaluate the facility's compliance with accessibility standards and to identify areas for improvement.

Assessment Summary

- **Entrances:** [Findings on entrances accessibility]
- **Pathways:** [Findings on internal pathways]
- **Restrooms:** [Findings on restroom accessibility]
- **Signage:** [Findings on signage effectiveness]
- **Emergency Exits:** [Findings on emergency exit accessibility]

Recommendations

1. [Recommendation 1]
2. [Recommendation 2]
3. [Recommendation 3]

Thank you for prioritizing accessibility in your facility. Should you have any questions regarding this assessment or require further assistance, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]