Today's attraction report

If you have any doubt while filling the report, refer to the document with all the examples and instructions. This is an empty version of that document for easier filling purposes. You may also use our Google Form version, if you'd like.

Attached files

Name of the file	Where was it taken?	What are we hearing / seeing?

Personal information (so that we can present yourself to the audience)

- **Name and pronouns**:

- **City and country**:

- **E-mail** (just in case we needed to contact you):

- **Social media handles** (optional):

- **Your accessibility needs or how are you related to accessibility** (optional):

- **Anything that you want to add** (optional):

TabiFolk

General information of the attraction

- **Name of the attraction**:

- **City and country**:

- **Description**:

- **Getting there**:

- **Discount**:

- **Buying the tickets**:

Accessibility information (you may check boxes + write small descriptions)

- <u>ACCESSIBLE ROUTE</u>

  - **Moving around**:

  ☐ **Special entrance**:

  ☐ **Inaccessible areas**:

  ☐ **Specific restrictions**:

- <u>PHYSICAL ACCESSIBILITY</u>

  ☐ **Ramps**:

  ☐ **Elevators**:

  ☐ **Steep slopes**:

  - **Types of flooring**:

  ☐ **Steps and/or stairs**:

  ☐ **Narrow doorways/paths or tight turns**:

  ☐ **Elements blocking the view**:

  ☐ **Accessible toilet**:

  ☐ **Rental wheelchairs**:

  ☐ **Distance**:

  ☐ **Places to sit&rest**:

- **VISUAL ACCESSIBILITY**

  ☐ **Tactile paving:**

  ☐ **Guiding system:**

  ☐ **Audio guide:**

  ☐ **Braille:**

  - **Contrast and size of signage:**

  - **Contrast of architectural elements:**

  ☐ **Touchable 3D models:**

- **HEARING ACCESSIBILITY**

  ☐ **Sign language:**

  ☐ **Hearing loop:**

  ☐ **Captions:**

- **COGNITIVE ACCESSIBILITY**

  ☐ **Easy-to-read:**

  ☐ **Pictograms:**

- **SENSORY AND ORGANIC ACCESSIBILITY**

  ☐ **High noise level or loud sounds:**

  ☐ **Potential issues with lighting:**

  ☐ **Bright colors:**

  ☐ **Strong smells:**

  ☐ **Need of interaction with other people:**

  ☐ **Silent or sensory room:**

  ☐ **Food availability:**

- **EXTRA FEATURES OR BARRIERS:**

  - **Other:**

  - **URL to information** (optional):

Overall score ☆☆☆☆☆

- **Score**:

- **Summary** (optional):

Random local or tourist short on-site interview (Optional)

- **What's your name?**

- **Where are you from?**

- **So, what is accessibility?** (continue the interview only if they more or less know what is accessibility)

- (If they are a local) **What do you think of [Current City]'s accessibility?**

- (If they are a tourist) **Comparing it to your city, do you think that [Current City]'s is better or worse than your city's? In what way?**

- (If inside the attraction) **Are you enjoying the visit? Would you recommend it?**

- **To wrap it up, is accessibility important for you?** (If the answer is negative or neutral) **Do you think that it might be in the future?**