

FSP Accessibility Assessment Form

1. General Information

Branch Name	
Branch Address	
Branch Manager	
Email	
WhatsApp / Mobile Number	
Date of Assessment	
No of Members (Clients) with Disability	
No of Staff with Disability	

Staff Name	Seeing	Hearing	Walking
<i>Rina</i>		<i>x</i>	<i>x</i>
Total no of Staff with Disability	1		

2. Physical Accessibility

Availability	Yes	No	Comments
Ramp			
Doorways sufficiently wide to accommodate a wheelchair			
Accessible Restroom			

3. Communication Accessibility

Are brochures, communication materials available in accessible formats (e.g., braille, large print, sign language)?

4. Service Accessibility

Are services designed to accommodate people with disability?

5. Digital Accessibility

Is the FSP website and mobile app accessible to people with disability?

6. Staff Training

Have staff received training on disability awareness and inclusive service delivery?

7. Cost Estimation for Physical Accessibility Infrastructure

	Budget	Quantity
Estimated cost for ramps:		
Estimated cost for accessible signage:		
Estimated cost for accessible restrooms:		
Total Budget		

8. Local Organisations of People with Disability Organisations (OPDs) that operate in the branch area

OPD Name	Address	Service	Staff Name	Position	WhatsApp or Mobile Number	Email:

Date

Branch Manager's Name

Signature