








Pilotlight Inclusion Checklist






(Adapted from STOP! Make sure you include me)

Please complete the following table for each participant:

Name	
Address	
Date of Birth	
Carer contact details	

Please complete the following table for each participant:

		In order to include me please consider: (Please tick relevant box and add a comment)	Comments
Hearing			
Vision			
Physical disability			
Other medical issues			
Speech			
Understanding and processing language			
Literacy			

		In order to include me please consider: (Please tick relevant box and add a comment)	Comments
Environmental difficulties e.g. too light or dark, noise			
Social interaction			
Food allergies and preferences			
Any relevant risk assessment			
Other			

Other things that would help me participate:	
Other things that would hinder my participation:	
Other issues / why I might not want to participate e.g: <ul style="list-style-type: none"> • Access to toilets • Things I like/dislike to talk about • Meeting breaks • Relationship issues with others in group 	