

**Room Checks: Evaluation Form**

Unit Number \_\_\_\_\_

**Kitchen**

	Clean	Not Clean	Additional Notes
• Floors	( )	( )	_____
• Sink	( )	( )	_____
• Cabinets	( )	( )	_____
• Counters	( )	( )	_____
• Oven/Stove	( )	( )	_____
• Microwave	( )	( )	_____
• Fridge	( )	( )	_____
• Trash	( )	( )	_____
• Smell	( )	( )	_____

**Common Living Areas**

	Clean	Not Clean	Additional Notes
• Clutter Free	( )	( )	_____
• Tables	( )	( )	_____
• Seating	( )	( )	_____
• Carpets/Stairs	( )	( )	_____
• Balcony	( )	( )	_____
• Garage	( )	( )	_____
• Closet/Room	( )	( )	_____

**Bath/ Bedroom (Double Bed)**

	Clean	Not Clean	Additional Notes
• Sink	( )	( )	_____
• Shower	( )	( )	_____
• Toilet	( )	( )	_____
• Carpets/Floors	( )	( )	_____
• Clutter Free	( )	( )	_____
• Mirror	( )	( )	_____
• Closet	( )	( )	_____

**Bath/ Bedroom (Triple Bed)**

	Clean	Not Clean	Additional Notes
• Sink	( )	( )	_____
• Shower	( )	( )	_____
• Toilet	( )	( )	_____
• Carpets/Floors	( )	( )	_____
• Clutter Free	( )	( )	_____
• Mirror	( )	( )	_____
• Closet	( )	( )	_____

( ) PASSED the room check. There will be no follow up.

( ) FAILED the room check. You will have a follow up visit from SLT within a week.