

**WHEELCHAIR TRAINING CHECKLIST -Motorized**

<b>DEMONSTRATED TASK</b>		<b>MET</b>	<b>NOT MET</b>
1.	Demonstrates awareness of control unit.		
2.	Able to tolerate movement.		
3.	Able to release control unit to stop when given a command.		
4.	Able to move chair in any direction in an open area.		
5.	Tolerates hand-over-hand assistance from others.		
6.	Demonstrates the ability to follow requests to go forward, left, right or stop.		
7.	Demonstrates the ability to drive wheelchair in an uncrowded hallway.		
8.	Learns when to use horn appropriately (when applicable) to warn others of presence.		
9.	Demonstrates the ability to drive wheelchair with supervision.		
10.	Demonstrates the ability to drive wheelchair between two people.		
11.	Demonstrates the ability to maneuver around two people.		
12.	Demonstrates the ability to drive wheelchair in and out of three cones.		
13.	Demonstrates the awareness of other people in their pathway and stops chair to prevent hitting others.		
14.	Demonstrates the ability to drive through doorways.		
15.	Demonstrates the ability to drive up and down ramps.		
16.	Demonstrates the ability to maneuver around large obstacles.		
17.	Begins to recognize changes in surfaces and stops.		
18.	Begins to maneuver wheelchair outside with supervision.		
19.	Begins to learn the concept of backing up with cuing that the area is free of obstacles.		
20.	Demonstrates the awareness of space behind and demonstrates appropriate precautions when backing up.		
21.	Demonstrates the ability to turn on and off the wheelchair with indirect supervision.		
22.	Demonstrates the ability to maneuver through crowded hallways with indirect supervision.		
23.	Demonstrates the ability to maneuver through crowded hallways with indirect supervision.		
24.	Demonstrates the ability to freely maneuver wheelchair with indirect supervision.		
25.	Demonstrates the ability to access child-specific environments with indirect supervision.		
26.	Demonstrates independence with wheelchair.		

**PATIENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**THERAPIST WHO OBSERVED THE TRAINING** \_\_\_\_\_

**MEDICAL SUPPLY VENDOR** \_\_\_\_\_