

Instructions: Check the appropriate box to indicate whether the child is able to complete the skill independently with age-appropriate supervision **and** infrequent (<25% of time) verbal cueing. This should be accomplished with the instructor standing away from the controller (5 – 10 feet) providing no hands-on assistance to the child. Verbal cueing may be provided to the child intermittently and only to direct the child's attention to maneuver in a certain direction (e.g.; towards parent, away from curb). Environmental elements should be consistent with ADA accessibility guidelines. These are considered to be minimum requirements.

Answer Yes or No (any "no" answer must include an explanation)

Yes No A. Basic Cause and Effect Association

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Able to activate controller |
| <input type="checkbox"/> | <input type="checkbox"/> | Demonstrates understanding of purposeful activation of the chair |
| <input type="checkbox"/> | <input type="checkbox"/> | Stops on command |
| <input type="checkbox"/> | <input type="checkbox"/> | Looks in the direction of movement |
| <input type="checkbox"/> | <input type="checkbox"/> | Stops spontaneously to avoid stationary objects |

Yes No B. Directional Control

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Navigates in forward direction for 10 feet or more (may pause) |
| <input type="checkbox"/> | <input type="checkbox"/> | Turns to the right starting from a stationary position |
| <input type="checkbox"/> | <input type="checkbox"/> | Turns to the left starting from a stationary position |
| <input type="checkbox"/> | <input type="checkbox"/> | Navigates forward making right and left corrections |
| <input type="checkbox"/> | <input type="checkbox"/> | Veers spontaneously to avoid stationary object |

Yes No C. Environmental Negotiation

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Changes speed based on environmental demands |
| <input type="checkbox"/> | <input type="checkbox"/> | Stops at a door with footrests within 12 inches without hitting the door |
| <input type="checkbox"/> | <input type="checkbox"/> | Stops at a bright line to simulate a vertical drop off |
| <input type="checkbox"/> | <input type="checkbox"/> | Navigates a doorway without hitting the door frame |
| <input type="checkbox"/> | <input type="checkbox"/> | Self corrects direction of forward motion when moving parallel along a wall |
| <input type="checkbox"/> | <input type="checkbox"/> | Navigates along one side of a hallway, avoiding people and stationary objects |
| <input type="checkbox"/> | <input type="checkbox"/> | Stops after bumping into an obstacle |

Over for Comments and Plan

Comments: _____

Plan for continuing to develop further skills: _____

Signature (Therapist/Vendor) *Date* *Phone #* *Fax #*