

**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	<b>A. Basic Cause and Effect Association</b>
<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>B. Directional Control</b>
<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	<b>C. Environmental Negotiation</b>
<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:** \_\_\_\_\_  
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**Plan for continuing to develop further skills:** \_\_\_\_\_  
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*Signature (Therapist/Vendor)*                      *Date*                      *Phone #*                      *Fax #*