

**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:**

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

Adapted from the Power Mobility Program, Tasks Representing Powered Mobility Skills, Rancho Los Amigos Medical Center, Downey, California