

Power Wheelchair Training Checklist

Member's Name: _____

Medicaid ID Number : _____

Initial Evaluation Date: _____

Final Evaluation Date: _____

| | DEMONSTRATED TASK <i>(if not applicable indicate with N/A)</i> | Initial Evaluation (initial applicable boxes) | | Final Evaluation (initial applicable boxes) | |
|------|--|--|----|--|----|
| | | Yes | No | Yes | No |
| 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 | Knows when to use horn appropriately to warn others of presence? | | | | |
| 9* | Demonstrates ability to drive wheelchair with indirect supervision? | | | | |
| 10 | Demonstrates the ability to drive wheelchair between two people? | | | | |
| 11 | Demonstrates the ability to maneuver around two people? | | | | |
| 12 | Demonstrates the awareness of other people in their pathway and stops chair to prevent hitting others? | | | | |
| 13 | Demonstrates the ability to drive through doorways? | | | | |
| 14 | Demonstrates the ability to drive up and down ramps? | | | | |
| 15 | Demonstrates the ability to maneuver around large obstacles? | | | | |
| 16** | Begins to recognize changes in surfaces and stops? | | | | |
| 17** | Begins to maneuver wheelchair outside with supervision? | | | | |
| 18** | Begins to learn the concept of backing up with cuing when the area is free of obstacles? | | | | |
| 19 | Demonstrates awareness of space behind and demonstrates appropriate precautions when backing up? | | | | |
| 20* | Demonstrates the ability to turn on and off the wheelchair with indirect supervision? | | | | |
| 21* | Demonstrates the ability to maneuver through crowded hallways with indirect supervision? | | | | |
| 22* | Demonstrates the ability to freely maneuver wheelchair with indirect supervision? | | | | |
| 23* | Demonstrates the ability to access child-specific environments with indirect supervision? | | | | |

For the Final Evaluation: * the phrase "indirect supervision" becomes "no supervision" ** Question becomes "Can"

Therapist name that observed ***initial*** training evaluation:

Therapist name that observed ***final*** training evaluation:

Print Name: _____

Print Name: _____

Therapist Signature: _____

Therapist Signature: _____

Date: _____

Date: _____

After completion of initial evaluation section, include this form with the prior authorization request.