Hall County School System Gainesville, GA

WHEELCHAIR SCREENING FORM

This form is designed to assist transportation (bus drivers) and/or any other school personnel (physical therapist or other school site personnel) in determining whether or not a student's wheelchair has any identifiable safety deficiencies that might make it unsuitable for transportation purposes. Please return the completed form to the transportation department or student's physical therapist upon completion so that any necessary modifications or changes in the student's equipment can be addressed.

Student Name:	School:			Screening Date:
Type of Wheelchair:	power	manual	Screened By:	
Reason for screening:		_New Studen	nt	
		_New Equipn	nent	
		_Safety Conc	erns	
CHECK √	Wheelchair appears neither too	small nor too	big for student	
9	Seat and back are securely attached to wheelchair frame			
9	Brakes are holding and functioning properly			
	Lap belt is auto-quality (not Velcro), attached to wheelchair frame and functioning properly			
	Headrest on wheelchair is attached and provides appropriate positioning for student's head			
	Harness/trunk support system is attached to wheelchair seat/frame			
	Trunk support system (butterfly harness/chest straps) is holding student in wheelchair			
9	Footrests are in working order and securely attached to wheelchair frame			
	If a "tilt-in-space" or "reclining" wheelchair, tilting/reclining mechanism is functioning properly so that student can be transported in as upright a position as possible			
	Anti-tip bars are in place and functioning			
	Tires are inflated and wheels are functioning properly			
9	Hard plastic lap tray, bookbag, medical equipment, etc. can be removed from wheelchair and securely stored out of head impact zone; if tray is made from soft foam, can be securely attached to wheelchair during transport			
	If a power wheelchair, battery	is clean and s	secured	
Comments:				