Wheelchair Screening Form Hall County Schools



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 mightmake 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:	S	creening Date:
School:		
Type of Wheelchair: Power 🗌 Manu	al Screened	l By:
Reason for screening: New Student	New Equipment	Safety Concerns
Check Wheelchair appears neither too smather Seat and back are securely attached Seat and back are securely attached Brakes are holding and functioning Lap belt is auto-quality (not Velcro) Headrest on wheelchair is attached Harness/trunk support system is atta Harness/trunk support system is atta Harness are in working order and s If a "tilt-in-space" or "reclining" where student can be transported in as upper Anti-tip bars are in place and function Tires are inflated and wheels are function	all nor too big for student to wheelchair frame properly), attached to wheelchair f and provides appropriate p ached to wheelchair seat/fi mess/chest straps) is holding securely attached to wheel heelchair, tilting/reclining ight a position as possible oning nctioning properly	Frame and functioning properly positioning for student's head rame ng student in wheelchair Ichair frame mechanism is functioning properly so that
	1 1	n, can be securely attached to wheelchair
If a power wheelchair, battery is cle	ean and secured	
Comments:		

Adapted from: California Association of School Transportation Officials (CATO). Access and Mobility, A Guide for Transporting Students with Dis abilities in California. Bakersfield: CASTO, 1999 (Revised 3/30/11)