

SPEED / WATI Student Information Guide
SECTION 10
Mobility

Student: _____ **Referring Person:** _____ **Date:** _____

1. Mobility (Check all that apply.)

- Crawls, rolls, or creeps independently
- Is pushed in manual wheelchair
- Uses wheelchair for long distances only
- Uses manual wheelchair independently
- Is learning to use power wheelchair
- Uses power wheelchair
- Needs help to transfer in and out of wheelchair
- Transfers independently
- Has difficulty walking
- Walks with assistance
- Has difficulty walking up stairs
- Has difficulty walking down stairs
- Needs extra time to reach destination
- Walks independently
- Walks with appliance
- Uses elevator key independently

2. Concerns About Mobility (Check all that apply.)

- Student seems extremely tired after walking, requires a long time to recover
- Student seems to be having more difficulty than in the past
- Student complains about pain or discomfort
- Changes in schedule require more time for travel
- Changes in class location or building are making it more challenging to get around
- Transition to new school will require consideration of mobility needs
- Other _____

Summary of Student's Abilities and Concerns Related to Mobility _____
