WATI Student Information Guide

SECTION 1
Seating, Positioning, and Mobility

1. Description of Current Seating: (Check all that apply.)

☐ Seating allows feed to be flat on floor.

☐ Chair seat is ½" from back of bent knee.

☐ Desk height is 1-2" higher than elbow when arm is bent at 90° angle.

☐ When used, top of desktop monitor is 2-3" below eye level.

☐ Seating provides adequate trunk stability.

☐ Seating facilitates readiness to perform task.

☐ There are questions or concerns about the student's seating. They are: _____

_____

2. Student behavior when seated: (Check all that apply).

☐ Student uses active learning position when appropriate.

☐ Student chooses alternative positions when given a chance (e.g., bean bag chair, standing, lying down).

☐ Student frequently falls out of chair.

☐ Student changes position with high frequency.

☐ Student gets in and out of seat more than expected.

☐ Student frequently slumps over desk.

☐ Student frequently props head up with hands.

☐ Student dislikes some positions, often indicates discomfort in the following positions: _____

_____

The discomfort is communicated by? _____

☐ The student has difficulty using table or desk – specific example: _____

_____

3. Characteristics of current Seating and Positioning of Student (Check all that apply.)

☐ Sits in regular chair.

☐ Sits in regular chair w/ pelvic belt or footrest.

☐ Sits in chair with non-slip surface.

☐ Sits in adapted chair – list brand or describe: _____

☐ Sits in seat with adaptive cushion that allows needed movement.

☐ Sits comfortably in wheelchair ☐ part of the day ☐ most of the day ☐ all of the day.

☐ Spends part of day out of chair due to prescribed positions.

☐ Spends part of day out of chair due to specific or general discomfort.

☐ Uses many positions throughout the day, based on activity.

☐ Has few opportunities for other positions.

☐ Uses regular desk/workstation.

☐ Uses desk with height adjusted.
☐ Uses tilted surface on which to work.
☐ Uses tray on wheelchair for desktop.
☐ Uses adapted table.
☐ Current seating interferes with the following activities: _____

_____

4. Student characteristics related to seating and positioning: (Check all that apply.)

☐ Student exhibits good positioning when: _____
☐ Student leans to the ☐ right ☐ left.
☐ Student holds head, arms, or other parts of the body a certain way, describe: _____

_____

☐ Student has specific positioning ☐ all day ☐ only at these times: _____
☐ Student expresses issues or concerns about seating/positioning.
☐ Student requires support positioning at the hips.
☐ Student has difficulty achieving and maintaining head control, best position for head control is: _____

_____

☐ Student can maintain head control for _____ minutes in _____ position.

Summary of Student's Abilities and Concerns Related to Seating and Positioning:

_____

_____

This section is for students with mobility issues. (Skip if student does not have mobility issues.)

1. Current mobility: (Check all that apply.)

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

2. The student has the following skills, either emerging or mastered: (Check all that apply.)

☐ cause and effect
☐ spatial relations
☐ problem solving
☐ ability to interact with the environment
☐ motivation/initiation

3. Concerns about mobility. Student: (Check all that apply.)

- ☐ Is extremely tired after walking
- ☐ Seems to be having more difficulty lately
- ☐ New schedule/location requires more time
- ☐ Requires a long time to recover
- ☐ Complains about pain or discomfort
- ☐ Other: _____

4. The student is unduly distracted by: (Check all that apply.)

- ☐ Visual clutter
- ☐ Classroom and background noise
- ☐ Awareness of physical space
- ☐ Fluorescent lighting vs. full-spectrum lighting
- ☐ Tactile stimulation
- ☐ Other: _____

5. The student has issues with the following that may impact the use of power mobility: (Check all that apply.)

- ☐ Behavior
- ☐ Strength
- ☐ Coordination
- ☐ Vision
- ☐ Fatigue
- ☐ Other physical abilities: _____

6. The student's best access points other than the hand for operating a power mobility device is:

- ☐ chin
- ☐ head
- ☐ foot
- ☐ mouth
- ☐ eyes
- ☐ tongue

7. The student can operate a power mobility device using: (Check all that apply.)

- ☐ joystick
- ☐ switch-adapted proportional joystick
- ☐ switch control (with and without proportional access)
- ☐ sip and puff
- ☐ tongue-activated keypad
- ☐ proximity switch
- ☐ scanning with a switch

8. The student needs to change in position in space in order to: (Check all that apply.)

- ☐ reduce risk of pressure sores
- ☐ increase sitting tolerance
- ☐ restructure weight distribution
- ☐ other: _____

9. The student needs to change position in the following ways: (Check all that apply.)

- ☐ tilt
- ☐ recline
- ☐ elevate leg rests
- ☐ elevate seat
- ☐ stand

10. The student needs assistance with: (Check all that apply.)

- ☐ transfers
- ☐ changing positions
- ☐ accessing mobility device

11. Student needs access to: (Check all that apply.)

- ☐ AAC device
- ☐ electronic aid to daily living (EADL)
- ☐ computer/mobile device

Summary of Student's Abilities and Concerns Related to Power Mobility:

_____

_____