58th Conference on Exceptional Children
NC PT Institute

{School District Name}

Programs for Exceptional Children – Physical Therapy Services

Wheelchair Management and Mobility

_____ has received training in the following areas:
(Print Name)

_____ Management of Wheelchair Parts
(Date/Instructor's Initials)

- **Pelvic Positioning Straps**
- **Lateral Trunk Supports**
- **Chest and Shoulder Straps**
- **Wheel Locks**
- **Foot Rests**
- **Head Rests**
- **Anti-tippers**

_____ Wheelchair Mobility and Safety
(Date/Instructor's Initials)

- **Level Surfaces**
- **Uneven Surfaces, Ramps, and Curbs**
- **Wheelchair Lifts/Elevators**
- **Classroom, Hallway and Campus Mobility Rules & Etiquette**

_____ Power Wheelchairs
(Date/Instructor's Initials)

- **Joy Sticks and Head Arrays**
- **Disengaging Motors**

Congratulations on the completion of this training!

Participant's Signature _____ Date Training Completed _____

Physical Therapist's Signature _____

_____ has successfully demonstrated the following:

_____ The correct use/management of wheelchair parts
(Date)

_____ The correct techniques to assist students in wheelchairs on various surfaces
(Date)

_____ The method to disengage motors/manage head array on a power wheelchair
(Date)

Physical Therapist's Signature _____
Physical Therapist's Contact Information: _____