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CHOOSING EQUIPMENT CHECKLIST

About My Child

Age: _____ Siblings _____

Height _____

Weight: _____

Diagnosis: _____

Recommendations

Lives In: Single/House with Stairs

Lightweight/Easy to Transport

- Good Head Control
- Some Head Control
- Little/No Head Control

(Head Support/Tilt in Space Option)
(Head Support/Tilt in Space Option)

- Good Trunk Control
- Some Trunk Control
- Little/No Trunk Control

(Thoracic/Lateral Supports/Harness/Chest Strap)
(Thoracic/Lateral Supports/Harness)

- Average Muscle Tone
- High Muscle Tone/Spasticity
- Low Muscle Tone/Floppy

(Harness/Hip Supports/Ramping/Footrest/Pommel)
(Harness/Hip Supports/Ramping/Footrest/Pommel)

- Seizures
- Reflux/Vomiting
- Aspiration/Airways Compromised

(Harness/Hip Supports/Ramping/Footrest/Pommel)
(Removable/Waterproof Covers)
(Tilt in Space Option)

MY CHILD NEEDS THIS EQUIPMENT FOR:

- Postural Support
- Airway Management
- Feeding
- Communicating
- Standing/Gait Training
- Mobility
- Toileting
- Bathing
- Self Care
- Sleep
- Learning
- Playing
- Socialising
- Independence

(Tilt in Space)
(Tray Table, Waterproof Covers)
(Height Adjustable)
(Tilt in space, Tray Table)
(Brakes, Light weight)
(Harness easy to remove)

(Temperature Control)

(Tray Table, Grab Rail,
(Height Adjustable)
(Tray Table, Grab Rail)



PLACES MY CHILD WILL USE THIS EQUIPMENT

- Inside Our Home**
 - Loungeroom
 - Kitchen
 - Bedroom
 - Bathroom
 - Study/Computer Room
- Outdoors**
 - Car
 - Shopping Centres
 - Footpaths/Roads
 - Garden
 - Playground
 - Beach
 - Bushland
 - Pool
- Other Places**
 - Playgroup/Childcare/School
 - Friend's House
 - Travelling by Plane/Car
- OTHER (Please list all)**

EQUIPMENT OPTIONS

- Light Weight
- Mobile
- Tilt In Space
- Waterproof/Removable Covers
- Height Adjustable

- Compact to Transport
- Check Width for supermarket aisles
- Shock Absorbers
- Brakes
- Durable Wheels
- Suncover/UV shade
- Raincover

- Removable Tray Table

- Meets Airline/Car Standards

WHAT IS IMPORTANT TO US: (You can no. in order of importance)

- Provides adequate postural support for my child
- Light weight/ Easy to handle
- Mobile – can move from room to room easily
- Easy to clean
- Easy to transport in my vehicle
- Can be used for a range of daily activities
- Adjusts as my child grows (Adjustable seat depth, height, lat/thoracic/hip supports height/width adjust, Adjustable Harness, Head and Footrest
- Enables Child to Have Independent Play
- Enables my child to socialize with others, participate at school/playgroup
- Can be used indoors and outdoors
- We would like this equipment to last for _____ year/s

OTHER (Please list all)
