



www.specialaussies.com

CHOOSING EQUIPMENT CHECKLIST

About My Child

Age: _____ Siblings _____

Height _____

Weight: _____

Diagnosis: _____

Recommendations

Lives In: Single/House with Stairs

Lightweight/Easy to Transport

- | | |
|---|---|
| <input type="checkbox"/> Good Head Control | |
| <input type="checkbox"/> Some Head Control | (Head Support/Tilt in Space Option) |
| <input type="checkbox"/> Little/No Head Control | (Head Support/Tilt in Space Option) |
|
 | |
| <input type="checkbox"/> Good Trunk Control | |
| <input type="checkbox"/> Some Trunk Control | (Thoracic/Lateral Supports/Harness/Chest Strap) |
| <input type="checkbox"/> Little/No Trunk Control | (Thoracic/Lateral Supports/Harness) |
|
 | |
| <input type="checkbox"/> Average Muscle Tone | |
| <input type="checkbox"/> High Muscle Tone/Spasticity | (Harness/Hip Supports/Ramping/Footrest/Pommel) |
| <input type="checkbox"/> Low Muscle Tone/Floppy | (Harness/Hip Supports/Ramping/Footrest/Pommel) |
|
 | |
| <input type="checkbox"/> Seizures | (Harness/Hip Supports/Ramping/Footrest/Pommel) |
| <input type="checkbox"/> Reflux/Vomiting | (Removable/Waterproof Covers) |
| <input type="checkbox"/> Aspiration/Airways Compromised | (Tilt in Space Option) |

MY CHILD NEEDS THIS EQUIPMENT FOR:

- | | |
|---|---------------------------------|
| <input type="checkbox"/> Postural Support | |
| <input type="checkbox"/> Airway Management | (Tilt in Space) |
| <input type="checkbox"/> Feeding | (Tray Table, Waterproof Covers) |
| <input type="checkbox"/> Communicating | (Height Adjustable) |
| <input type="checkbox"/> Standing/Gait Training | (Tilt in space, Tray Table) |
| <input type="checkbox"/> Mobility | (Brakes, Light weight) |
| <input type="checkbox"/> Toileting | (Harness easy to remove) |
| <input type="checkbox"/> Bathing | |
| <input type="checkbox"/> Self Care | |
| <input type="checkbox"/> Sleep | (Temperature Control) |
| <input type="checkbox"/> Learning | |
| <input type="checkbox"/> Playing | (Tray Table, Grab Rail, |
| <input type="checkbox"/> Socialising | (Height Adjustable) |
| <input type="checkbox"/> Independence | (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)
