

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_



## WATI Student Information Guide

### SECTION 1

### Seating, Positioning and Mobility

#### 1. Current Seating and Positioning of Student (Check all that apply.)

- ☐ Sits in regular chair w/ feet on floor
- ☐ Sits in regular chair w/ pelvic belt or foot rest
- ☐ Sits in adapted chair—list brand or describe: \_\_\_\_\_
- ☐ Sits in seat with adaptive cushion that allows needed movement
- ☐ Sits comfortably in wheelchair \_\_\_\_\_ part of day \_\_\_\_\_ most of the day \_\_\_\_\_ all of the day
- ☐ Wheelchair in process of being adapted to fit
- ☐ Spends part of day out of chair due to prescribed positions
- ☐ Spends part of day out of chair due to discomfort – specific or general area of discomfort \_\_\_\_\_
- ☐ Uses many positions throughout the day, based on activity
- ☐ Has few opportunities for other positions
- ☐ Uses regular desk
- ☐ Uses desk with height adjusted
- ☐ Uses tray on wheelchair for desktop
- ☐ Uses adapted table

#### 2. Description of Seating (Check all that apply.)

- ☐ Seating provides trunk stability
- ☐ Seating allows feet to be flat on floor or foot rest
- ☐ Seating facilitates readiness to perform task
- ☐ There are questions or concerns about the student's seating
- ☐ Student dislikes some positions, often indicates discomfort in the following positions \_\_\_\_\_

How is the discomfort communicated? \_\_\_\_\_

- ☐ Student has difficulty using table or desk—specific example: \_\_\_\_\_
- ☐ There are concerns or questions about current seating.
- ☐ Student has difficulty achieving and maintaining head control, best position for head control is \_\_\_\_\_

How are their hips positioned? \_\_\_\_\_

- ☐ Can maintain head control for \_\_\_\_\_ minutes in \_\_\_\_\_ position.

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

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