

Mobility Assessment

Individual's Name: _____

	Yes	No	Comments
Can walk independently or with assistance? Please specify.			
Uses manual/power wheelchair or other mobility device(s) safely? Please specify.			
Can navigate at a reasonable pace?			
Can navigate outside on varied terrain? (grass, gravel, uneven sidewalks, etc.)			
Can open and pass through doors at home? (ex. lever or knob handles, etc.)			
Can enter and use bathroom at home?			
Can enter and use kitchen at home?			
Can enter and use bedroom at home?			
Is able to transfer independently?			
Uses transfer aid? Please specify.			
Can use mobility aid(s) independently?			
Can operate controls to activate community building access devices? (ex. electronic doors, elevators, etc.)			
Can perform fine motor tasks without difficulty? Please specify.			
Can perform sustained activity with upper extremities? Please specify.			
Other: <input style="width: 300px; height: 30px;" type="text"/>			

Medical/disability restrictions that would affect this individual's mobility:

Mobility Assessment

Potential Mobility Adaptations/Recommendations

Evaluations:

Mobility:

Measure Manual Dexterity:

Other:

Training:

Use of Adaptive Equipment:

Other:

Equipment:

Power Wheelchair or Scooter:

Manual Wheelchair:

Specialized Seating/Positioning:

Mobility Assessment

Walker:

Cane/Crutches:

Ramp/Lift at Home:

Ramp/Lift in Vehicle:

Grab Bars:

Environmental Controls:

Architectural Modifications:

Other:

EC Name: _____ Date: _____