



# Meeting Street

believing in the possibilities

## Equipment Survey

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

**Student's Name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

Please check off all pieces of equipment your child has at home:

- Commercial stroller (Graco, etc.)
- Special stroller (Kid Kart, Convoid Cruiser, Maclaren, etc.)  
Type: \_\_\_\_\_
- Wheelchair- Manual or power (circle one)
- Tumbleform chair- does it have a wheeled base? Y N
- Car seat Type: \_\_\_\_\_
- Corner seat
- Any other chair child sits in at home (high chair, bean bag, etc.)  
Type: \_\_\_\_\_
- Does the chair have a tray? Y N
- Sidelyer
- Longsitter
- Stander  
Type: \_\_\_\_\_
- Walker  
with wheels? \_\_\_\_\_  
bar in front or behind (please circle)  
How does child hold on? (platform, troughs, etc.)  
\_\_\_\_\_

What chair or position device does your child eat in? \_\_\_\_\_

Does your child use any adapted equipment to eat? (utensils, bowl, cup)

\_\_\_\_\_

What position does your child watch TV in?

\_\_\_\_\_

What position(s) does your child play in?

\_\_\_\_\_

What does your child like to play with at home?

\_\_\_\_\_

Do you have a computer at home? If yes, what type? Does it have Internet access?

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What position does your child sleep in?

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Does your child wear braces at night? If yes, what type?

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Does your child bathe in a special chair? If yes, what type? \_\_\_\_\_

How is your child toileted at home?      Diaper      Adapted toilet      Regular Toilet

Do you need any equipment for home?

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How does your child enter/exit your home? (Stairs, ramp, carried)

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Please provide your child's equipment vendor and the phone number?

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Do you need a review of how to use the equipment you have at home? Does it need to be adjusted or do you need a larger in size?

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Would you be interested in donating equipment that your child no longer uses or has outgrown? If yes, please describe equipment.

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Please list your child's current physicians' names and phone numbers:

Orthopedist: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Ophthalmologist: \_\_\_\_\_

Nutritionist: \_\_\_\_\_

Orthodontist: \_\_\_\_\_

Other: \_\_\_\_\_

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