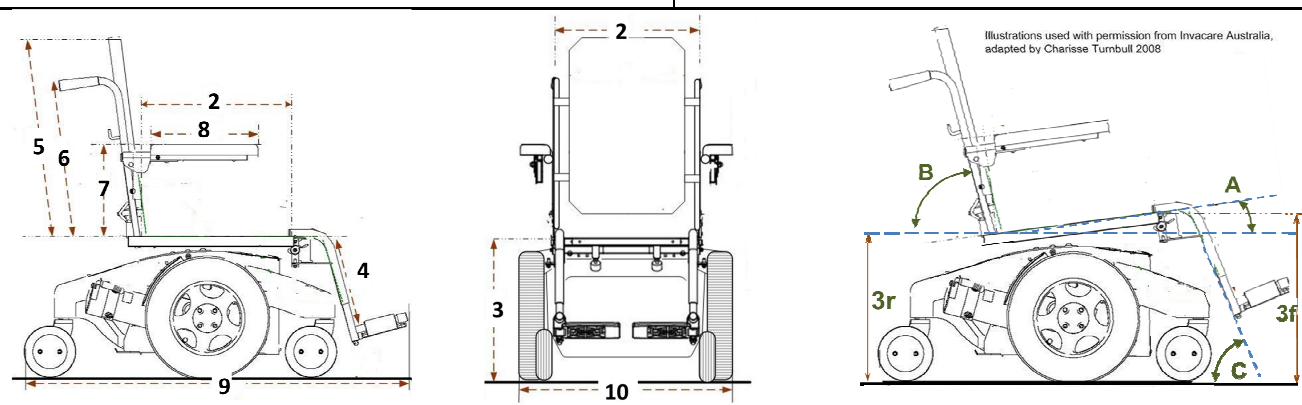


**Spinal Seating Professional Development Project  
Assessment Form AF4.3: PWC Specification Form**

**POWER WHEELCHAIR AND SEATING SPECIFICATIONS**

<b>Assessment For:</b>		<b>Funding:</b>		<b>Date:</b>	
<b>*Wheelchair:</b>		(*Note manufacturer: model & product code/features/specifications/age/condition)			
<b>*Back Support:</b>			<b>*Cushion/Seat Base:</b>		
					
<b>1</b>	<b>Seat Width:</b>				
<b>2</b>	<b>Seat Depth:</b> (Effective = back support surface to the front of the seat surface)		<b>Seat Surface:</b>	<b>Effective:</b>	
<b>3</b>	<b>Seat Surface Height:</b> (measured in the most forward tilted position)		<b>Front:</b>	<b>Rear:</b>	
<b>4</b>	Footplate / Foot Support to Seat:				
<b>5</b>	Back Support Height / Backrest Upholstery:				
<b>6</b>	Back Post Metalwork Height:				
<b>7</b>	Armrest / Arm Support Height:		<b>Left:</b>	<b>Right:</b>	
<b>8</b>	Armrest / Arm Support Length:		<b>Left:</b>	<b>Right:</b>	
<b>9</b>	Overall Length:				
<b>10</b>	Overall Width:				
<b>A</b>	<b>Seat Angle:</b> (A,B&C: measured against horizontal plane)		°		
<b>B</b>	<b>Back Support Angle:</b>		°		
<b>C</b>	<b>Lower Leg Support/Leg Hanger Angle:</b>		°		
Arm Support Type:		Lower Leg Hangers /Assembly Mount:		Foot Support Type:	
Head Support & Mounting:		Casters: width & diameter: solid/pneumatic:		Drive Wheels: width & diameter: solid/pneumatic:	
Input Device/s:		Tilt:		No/Yes/Powered/Range: ____° to ____°	
		Recline:		No/Yes/Powered/with Anti-shear	
		Lower Leg Elevating:		No/Yes/Powered/with Anti-shear	
Mounts: _____ on Left/Right		Seat Elevations:		No/Yes/Height Range: ____ to ____	
Other modules:		Vehicle Restraint System:		No/Yes   Tie-down / Docking _____	
Other Seating Components/ Devices:			Issues Identified / Comments:		