Student: ____________________________  School: ____________________________

Type of Wheelchair: ____________________________  Route #: ____________________________

Manager: ____________________________

Yes  No

☐ ☐ Seating system secure to wheelchair frame. ____________________________

☐ ☐ Auto quality lap restraint and buckle or aircraft buckle, pelvic positioning belt fastened to wheelchair frame. ____________________________

☐ ☐ Wheel-locks/brakes functioning properly (power wheelchairs may engage drive system with power off if not equipped with wheel-locks). ____________________________

☐ ☐ Headrest positioned appropriately. ____________________________

☐ ☐ Seating system provides trunk support (i.e., pads, harness) for student with inadequate muscular trunk control. ____________________________

☐ ☐ Wheelchair sized appropriately to student. ____________________________

☐ ☐ Anti-tip bars in down position and functional. ____________________________

☐ ☐ Footrest to provide stabilization and protection as needed. ____________________________

☐ ☐ Safety vest secured and used properly. ____________________________

☐ ☐ Lap restraint is separate from internal harness system. ____________________________

☐ ☐ Wheelchair complies to dimensions (length, width, height) available on wheelchair-adapted school bus. ____________________________

☐ ☐ Book bags are not attached to wheelchair ____________________________

☐ ☐ Extra equipment (book bags, oxygen tanks, etc.) secured. ____________________________

☐ ☐ Tires are safe for mobility. ____________________________

☐ ☐ Batteries for powered wheelchairs are leak proof/sealed. ____________________________

☐ ☐ Drive system can be disengaged for loading/unloading. ____________________________

☐ ☐ Lap tray removed and secured on the bus (a foam transportation tray, securely fastened to the wheelchair, is acceptable). ____________________________

Comments: ____________________________

__________________________________________________________________________

Bus Operator: ____________________________  Date: ____________________________

Bus Monitor: ____________________________  Date: ____________________________

School Designee: ____________________________  Date: ____________________________

Date Parent Notified: ____________________________

NOTE TO PARENT: Please make necessary modifications as noted above.