

Essential Elements for Assessments: Assistive Technology, Home Modifications and Vehicle Modifications

This form is to be used whenever an assessment is needed to access needed equipment, supplies or adaptations. The care manager would offer the template to the identified party for completion.

Member information

1

Member's name _____ Record # _____

Address line 1 _____ Address line 2 _____
Street, P.O. Box, etc. Suite, Building, etc.

City _____ State _____ ZIP code _____

Assessor information

2

Assessor's name _____

Assessor's credentials _____

Phone _____

☐ Treating therapist ☐ School therapist

☐ Consulting therapist ☐ Vehicle engineer

☐ Other (specify) _____

Clinical presentation

*Fields in this section are mandatory for all types of requests.

3

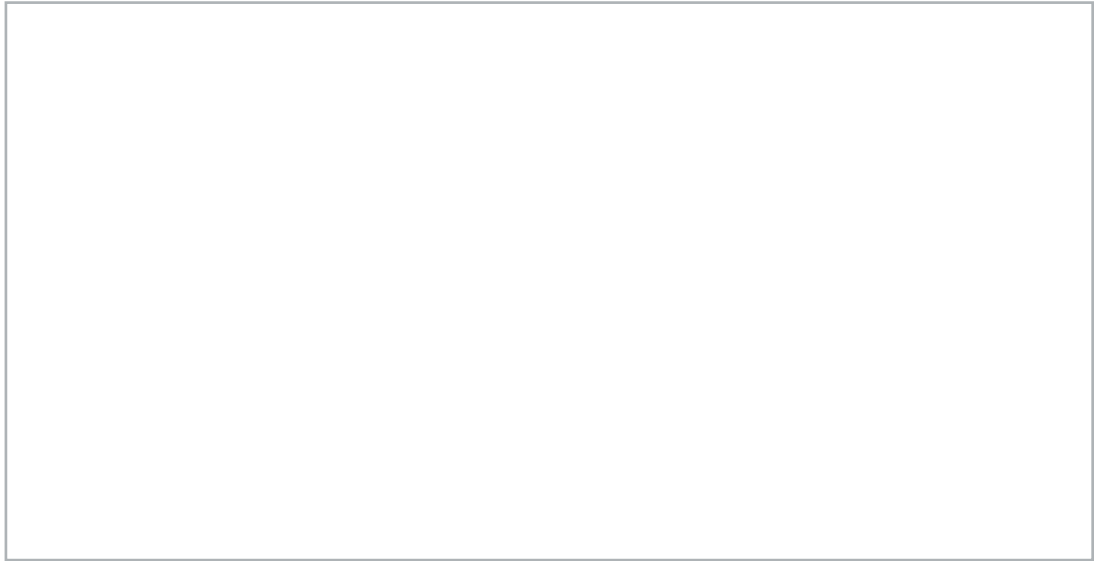
Reason for the assessment: Clinical summary including basic demographics, diagnosis, developmental age (as related to physical growth relevant to this request), behavior challenges, etc.

Recommended equipment or modification

*Fields in this section are mandatory for all types of requests.

4

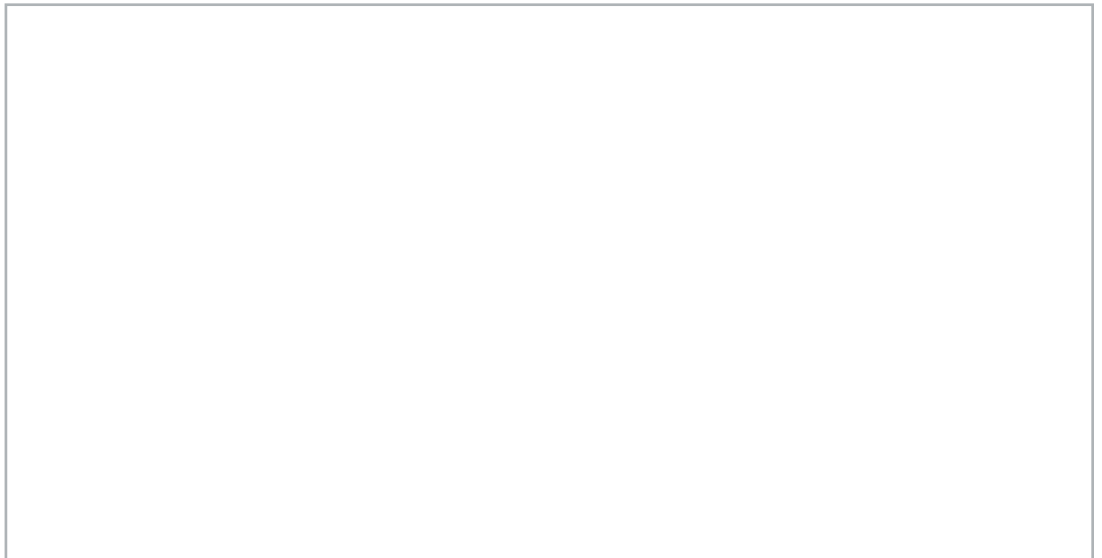
Identify the equipment or modification: (specific information such as brand, cost, life of equipment is **not** required on the assessment).



Mandatory fields for vehicle modifications only.

5

- Recommendation must contain information regarding the rationale for the selected modification and pre-driving assessment if the individual will be driving the vehicle, condition of the vehicle to be modified and the insurance on the vehicle to be modified.
- Assessment of the current value of the vehicle lift if requested to include an evaluation by an adapted vehicle supplier with an emphasis on safety and life expectancy of the vehicle in relationship to the modifications.



Expected outcomes/
training needs/
back-up plans

*Fields in this section are mandatory for all types of requests.

6

- Identify expected outcomes: Improve overall quality of life by allowing for daily exercise in a safe and effective manner while increased independence with regard to mobility in the community setting.
- Outcome expected timeline (immediate improvement or over time improvement): With proper training, improvement should be immediate in areas of mobility, stamina, strength, posture and range of motion.
- Who needs training to use the device and how will this occur, e.g.: Parents will need initial training to safely assist Devyn in using the bicycle in the home and community setting.
- Backup plan in case the device malfunctions or breaks: Most adaptive equipment companies and area bike shops can do basic equipment repair if necessary.

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Assessor's
signature

7

Assessor's printed name _____

Assessor's signature

Date (mm/dd/yyyy)

x