



## Adaptive Equipment Supplemental Information Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Inseam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hip Width: \_\_\_\_\_

Barriers to Independent Cycling: Please check all that apply and describe Range of Motion

Spasticity  Weakness  Endurance  Cognition  Vision  Hearing  Balance

Seizures  Motivation  Coordination  Safety awareness  Other: \_\_\_\_\_

\_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Adaptive Equipment requested:

\_\_\_\_\_

Maker: \_\_\_\_\_

Size: \_\_\_\_\_

Other specifics/components: \_\_\_\_\_

(please include completed order form from manufacturer)

Form completed by: \_\_\_\_\_

Contact Information: \_\_\_\_\_