

CHECKLIST FOR GOAL RELATED NEED ASSESSMENT

Assessment steps	Issues to be assessed	
Initial assessment	Family / living context and related independent living needs	<input type="checkbox"/>
	Life goals enabled by powered wheelchair mobility & options	<input type="checkbox"/>
	Medical needs met by powered wheelchair mobility & options	<input type="checkbox"/>
	Terrain accessibility necessitated by life goals	<input type="checkbox"/>
Home & Environment	In-home accessibility needs and constraints	<input type="checkbox"/>
	Home ingress / egress accessibility needs	<input type="checkbox"/>
	Out of home accessibility needs – health management related	<input type="checkbox"/>
	Out of home accessibility needs – work related	<input type="checkbox"/>
	Out of home accessibility needs – family related	<input type="checkbox"/>
	Out of home accessibility needs – social engagement / inclusion	<input type="checkbox"/>
	Out of home accessibility needs – travel	<input type="checkbox"/>
	Out of home accessibility needs – recreation	<input type="checkbox"/>
	Out of home accessibility needs – life goal achievement	<input type="checkbox"/>
Long-term cost minimization	Opportunities to minimize personal support - transfers	<input type="checkbox"/>
	Opportunities to minimize personal support – meal preparation	<input type="checkbox"/>
	Opportunities to minimize personal support – shopping	<input type="checkbox"/>
	Opportunities to minimize personal support – other	<input type="checkbox"/>
Funding	Funded plan provisions for mobility related equipment	<input type="checkbox"/>