Wheelchair Policy

1. Wheelchairs are available for practice purposes in labs or for specific assignments.

2. Do not use wheelchairs as furniture or for other non lab related activity.

3. Only the wheelchairs labeled as “may leave the building” can be taken outside of the building for class assignments.

4. Ask the instructor for permission to take the wheelchair out of the building. There is a check out sheet and the bottom of this form will need to be signed and given to instructor.

5. Prior to checking out the wheelchair, the student is responsible for make sure the wheelchair is clean, safe, in good working order and all wheelchair parts are present i.e. leg rests.

6. When the wheelchair is returned, the instructor will review the wheelchair with the student to make sure the wheelchair is clean, in good working order and all parts are returned with the chair. By signing this form students are making a commitment to pay for any replacement parts or repairs if the chair was damaged or parts are missing when it is returned. If instructor determines normal wear and tear occurred with chair, or damage was beyond student’s control, the student will not be held responsible.

7. Students should take appropriate care of the wheelchair while it is in their possession.

8. After student/instructor review of the wheelchair, the student must return the wheelchair to it’s labeled location in the ADL lab or storage closet.

9. Wheelchairs checked out for assignments must be returned within 48 hours, to insure all students have access to the wheelchairs.

10. Wheelchairs labeled UWL OT program use only are for UW-L instructors’ use only, unless specifically arranged with OT instructors. These chairs may not leave the building.

I have read and agree to abide by these wheelchair policies.

Student Signature/date: ________________________________

I have completed a review of the wheelchair with the above student, and have determined that it has been returned on time, it is clean and in good working order and all parts have been returned with the wheelchair.

Instructor signature/date: ________________________________

Comments:

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