**Prescription for School Equipment**

**Child’s Name:**

Checklist should be completed by the School SENCo and/or teaching staff with guidance from the prescribing Occupational Therapist.

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| **NAME OF EQUIPMENT:** | **School staff member to initial to confirm understands and agrees.** |
| This equipment has been recommended to support your child with maintaining an upright sitting posture while completing school based tasks such as table top activities and during lunchtime. Please contact the Occupational Therapy department on 0121 722 8010 if you feel that your child no longer requires this equipment. |  |
| If it is available please confirm that you have read the equipment’s instruction manual prior to use. Recommendations for maintenance and cleaning are identified in the manual. Please follow the advice stated. |  |
| When your child is seated, if applicable, please ensure that:   * the lap belt is securely fastened * the upper body harness is securely fastened * the brakes are on |  |
| Please do not let anyone else use, climb, play with or adjust the equipment.  The Occupational Therapist will identify any components of the chair which may require adjustment and will give information on when this is appropriate. |  |
| Please complete regular visual checks of the chair to ensure that all components of the chair are in a good condition.  Please consider:   * All nuts and bolts are secure * Belts are intact and not frayed * Brakes are working. |  |
| School are responsible for arranging any repairs or servicing which is required for this equipment. The company contact details are:  **Supplier: Telephone No:**  Rep: |  |
| Occupational Therapy will provide review of this equipment if you deem it necessary. Reviewing to include checking the fit of the equipment and that it continues to meet the child/young person’s needs. |  |
| If you notice either of the following when your child is using the equipment then please contact your Occupational Therapist   * worn or broken part which is affecting operation of the equipment * child complaining or appearing uncomfortable.   **If the above applies, or if you have any concerns regarding the safety of the equipment STOP USING it immediately. Contact the Community Paediatric Occupational Therapy team on 0121 722 8010 for assistance; Monday – Friday 08:30 – 16:30.** |  |

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| NAME: 2020 |

My name is……………………………………………………. and this is my equipment pack which has information about my specialist chair……………………………………………… Please make sure you read and understand all of the information provided.

Here is a photo of what my chair looks like:

Insert photo of chair (ensure the photo includes all of the accessories added)

I sit in my chair for activities such as *mealtimes/playing with my toys/handwriting activities/socialising with my family/friends, watching TV, school work, home work (delete/add as appropriate)*

I am able to transfer into my chair independently/with supervision/with assistance/using a hoist *(delete/add as appropriate).* Please make sure my bottom is at the back of the chair and all the straps are fastened.

I sit in my chair for up to one and a half hours and then it is good for me to have a change of position. Please make sure my brakes are on and my chair is on a flat surface. I also use a wheelchair/standing frame/floor sitter *(delete/add as appropriate).*

Each day, before I use my chair, please check my chair to ensure the screws are tight, the straps are intact and not fraying and the cushions are attached properly.

If you have any concerns regarding my positioning or the size and use of my chair, please stop using it **immediately** and contact the Paediatric Occupational Therapy team on 0121 722 8010.

My chair will be reviewed 6 monthly/annually by a member of the Paediatric Occupational Therapy team, or sooner if clinically indicated. Please contact the company for repairs and servicing.

**Parent/schools role:**

* To check the chair daily to ensure that the screws and bolts are tight.
* To check the chair daily to ensure upholstery is intact including the straps, harnesses and cushions.
* To ensure I look comfortable and not complaining of any pain and to contact the Paediatric Occupational Therapy department on 0121 722 8010 if you have any concerns regarding the use of the chair.
* *To contact the company/equipment stores to arrange repairs and servicing.*

**Occupational Therapy role:**

* To provide an assessment to recommend appropriate postural seating depending on your child’s individual needs.
* To provide information regarding usage of the chair.
* To review the chair to establish if this continues to meet your child’s postural needs.
* To review the needs of your child to determine if seating is still required or if their needs have changed clinically or your child has grown.

