

**Wheelchair Skills Training Program: Training Log for Single Session**

**Powered Wheelchairs**

Name of wheelchair user: \_\_\_\_\_

Caregiver assisting (if any): \_\_\_\_\_

Session #: \_\_\_\_\_ Date: \_\_\_\_\_

Any significant changes since last session (e.g. health, wheelchair)? \_\_\_\_\_

Skills	Comments and Plans
<p><u>General comments on session:</u></p> <p style="text-align: right;">Session duration: _____ minutes</p>	

Trainer name (print): \_\_\_\_\_ Signature: \_\_\_\_\_