

Mobility Supports Plan

Purpose of Mobility Plan: Assistance with mobility is required throughout the school day due to gross motor impairments. The student will be assisted in a safe respectful manner and will be assisted to develop maximal independence for safe mobility. Given the changing nature of physical mobility, the recommendations in this report replace previous transfer, lift and/or mobility recommendations.

Student Information

Student's Name:	Date of Birth:
School:	Grade:
Address:(Complete home address, including postal code)	

Parent/Guardian Information

Parent/Guardian Name (print)	Parent/Guardian Name (print)
Parent Contact Number:	Parent Contact Number:
Parent Email:	Parent Email:

Section 1 – Diagnosis (Source)

To be filled out collaboratively by Parent/Guardian, Student (as appropriate) and School.

Description of Personal Care Required:

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Other Information Impacting Mobility:

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Educational History:

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Description of Student’s Mobility Capabilities:

Types of Mobility	Level of Assistance
Static Sitting	
Positioning and Repositioning in Wheelchair	
Wheelchair – Sit to Stand & Stand to Sit	
Floor – Sit to Stand & Stand to Sit	
Standing	
Ambulation (walking)	
Additional Identified Mobility Needs	

Section 2 – Student Mobility Plan Information

Required Mobility Supports

Types of Mobility Supports	Level of Assistance	Comments
Transfer: A student is assisted to move safely from one surface to another with full or partial weight bearing.		
Lift: A student is assisted to move safely from one surface to another without the student weight bearing.		
Positioning and Re-positioning in wheelchair.		
Ambulation (walking)		
Additional Identified Mobility Needs <i>Transition on/off bus at school</i>		

Staff Members Providing Mobility Support

1. Staff members will have completed the required annual training.
2. The school will identify 2-3 staff members who provide consistent mobility support (weekly) for the student
3. In the event a staff member who provides consistent mobility supports for the student is absent, then a staff member who has completed the required annual training may assist another consistent staff member with the lift.

Student specific instructions related to mobility supports:

Mobility Equipment* Provided by School (List Required & Describe)

Mobility Equipment* To be Provided by Parents (List Required & Describe)

Equipment/Orthoses

*Staff will be familiar with equipment and complete safety checks (e.g., brakes, positioning straps, footrests, lap belts, charging, and other features as applicable).

Review of Mobility Plan

Timeline:

1. The mobility plan will be reviewed at least annually by the designated occupational therapist and/or physiotherapist with parents, staff involved and principal or designate.
2. Plan will be reviewed earlier if mobility needs or medical condition changes.

School administration will contact undersigned therapists for additional training if there are changes in environment, changes to equipment or staffing.

School administration will contact undersigned therapists in the event there is a change in the student's ability to participate in transfers or there is a change in medical status impacting transfers.

Section 3 – Approval of Student Personal Care Plan

Parent(s)/Guardian(s) Name (print)

Parent(s)/Guardian(s) (print)

Parent(s)/Guardian(s) Signature

Parent(s)/Guardian(s) Signature

Date

Date

Teacher Name (print)

Principal Name (print)

Teacher Signature

Principal Signature

Date

Date

Occupational Therapist (print)

Physiotherapist (print)

Occupational Therapist Signature

Physiotherapist Signature

Date

Date

The information on this form is being collected in accordance with the Freedom of Information Act, under the authority of the Education Act, and Peace River School Division policies and procedures. If you have any questions about the collection, use, or disclosure of this information, please contact the Peace River School Division FOIP Coordinator at 780-624-3601.

Adopted/Revised/Reviewed: SEP 2024