

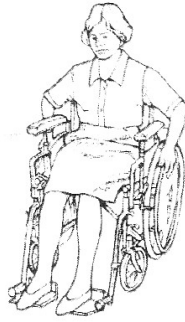
INDEPENDENT WHEELCHAIR



cis _____

Assessment Date: _____ M-IWC

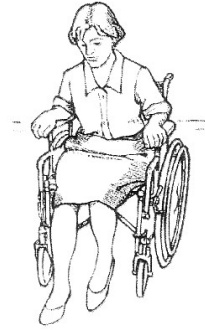
INDEPENDENT W/C ARMS



CS _____

Assessment Date: _____ M-IWCA

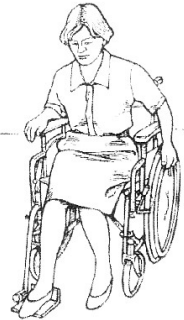
INDEPENDENT W/C FEET



CS _____

Assessment Date: _____ M-IWCF

INDEPENDENT W/C L SIDE



CS _____

Assessment Date: _____ M-IWCL

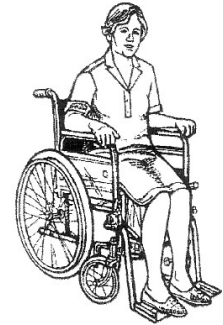
INDEPENDENT W/C R SIDE



CS _____

Assessment Date: _____ M-IWCR

DEPENDENT WITH WHEELCHAIR



CS _____

Assessment Date: _____ M-DWC