

Trial report template

User information

User name	
Date of birth	
Diagnosis / relevant medical condition	
Current equipment	
Equipment on trial	
Clinical / therapist	
Caregiver(s) present	
Trial location	
Date & duration of trial	

Trial goals

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Tasks and environments evaluated

TASK	ENVIRONMENT	COMPLETED INDEPENDENTLY	ASSISTANCE REQUIRED
Wheelchair driving	Indoor / Outdoor	Yes / No	None / Minimal / Moderate / Full
Wheelchair turning	Wide / Narrow	Yes / No	None / Minimal / Moderate / Full
Wheelchair ramps	Ascent / Descent	Yes / No	None / Minimal / Moderate / Full
Wheelchair transfer	/	Yes / No	None / Minimal / Moderate / Full
Environmental control	/	Yes / No	None / Minimal / Moderate / Full
Seating adjustments	Home / School / Other	Yes / No	None / Minimal / Moderate / Full
Computer or phone access	Home / School / Other	Yes / No	None / Minimal / Moderate / Full

Additional observations:

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Objective trial metrics

METRIC	OBSERVATION
Number of failed activations	
Number of accidental activations	
Interventions required	
Observed fatigue	Low / Moderate / High
Observed confidence	Low / Moderate / High
Consistency of access	Poor / Fair / Good / Excellent

Additional objective notes:
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Subjective feedback

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Clinical recommendation

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	YES	NO
Additional training required	☐	☐
Follow-up needed	☐	☐

Next steps

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