

# Scanning Checklist

This checklist should be completed with assistance from the team of people working with the AAC User. It may be completed for scanning overall or for a particular position of the AAC User (e.g., in wheelchair, in bed, etc.).

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Scanning method described:

- Overall
- One position - Electric wheelchair    Manual wheelchair    Stander  
    Recliner    Bed    Other: \_\_\_\_\_

**Number of Switches**     1     2     Other \_\_\_\_\_

**Type of Switch(es)** (provide name of switch and color, if appropriate)

\_\_\_\_\_

## Position of Switch(es)

(Draw location at left or insert photo)

- Hand(s)                right                left
- Finger(s)              right              left  
 Which finger? \_\_\_\_\_
- Part of Arm(s)        right              left  
 Where? \_\_\_\_\_
- Head                      right side    left side  
 Where? \_\_\_\_\_
- Foot                      right              left  
 Where? \_\_\_\_\_
- Part of Leg(s)        right              left  
 Where? \_\_\_\_\_
- Equipment required to mount switch  
 (provide name of product)
- \_\_\_\_\_

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