**Case study checklist**

Email the completed case studies to casestudies.iswp@gmail.com

|  |  |
| --- | --- |
|  | Identify wheelchair user |
|  | Explain the process. |
|  | Complete consent form |
|  | Wheelchair user/guardian signs consent form |
|  | Complete form 1\_intermediate\_test\_assessment |
|  | Complete form 2\_intermediate\_test\_prescriptionselection |
|  | Complete form 3\_intermediate\_test\_fittingchecklist |
|  | Complete form 4\_intermediate\_test\_usertraining |
|  | Complete form 5\_intermediate\_test\_reflection |
|  | Check that all photographs are inserted in the documents or renamed to upload separately. |
|  | If photographs will be uploaded separately: When saving the photographs, name the files as the case study number followed by the photograph number as seen on the form (CS#A#). For example, for the first case study, existing wheelchair (front view) photograph, label the file CS1A1.  |
|  | If you put additional photographs in a section, add ‘a’, ‘b’, etc. to the existing numbers. E.g. CS1A1a. |