# Intermediate Skills Assessment Score Sheet

**Candidate ID number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Study 1 🞏 Case Study 2 🞏**

Complete the Score Sheet for each criterion. If a criterion not applicable to this candidate, mark N/A.

Please see the Intermediate Skills Assessment Score Sheet Detail for a description of each level, by criterion. The score levels are listed below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Criteria** | **2 = No errors** | **1 = No critical errors** | **0 = Critical errors** | **N/A** | **Comments:****Direct all comments to the candidate. Comments should be clear and detailed. List all errors/omissions for all items with a 1 or 0 score. Point out how errors in earlier parts of the process impact on later parts of the process, e.g. errors made during pelvis and hip posture screen may impact on temporary support selection, hand simulation, PSD prescription and fitting.** |
|  | **Assessment** |
| **1** | **Sitting posture without support** |  |  |  |  |  |
| **2** | **Pelvis and hip posture screen** |  |  |  |  |  |
| **3** | **Hand simulation temporary supports** |  |  |  |  |  |
| **4** | **Hand simulation: Final posture as shown on photographs** |  |  |  |  |  |
| **5** | **Hand simulation: Final posture drawings/description** |  |  |  |  |  |
| **6** | **Hand simulation: Final posture checklist** |  |  |  |  |  |
| **7** | **Hand simulation: Posture support needs indicated** |  |  |  |  |  |
| **8** | **Measurements table** |  |  |  |  |  |
| **9** | **Calculation of wheelchair component measurements** |  |  |  |  |  |
|  | **Prescription** |
| **10** | **Wheelchair type and size** |  |  |  |  |  |
| **11** | **Wheelchair type and size: motivation** |  |  |  |  |  |
| **12** | **Cushion type and size** |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **13** | **PSDs or wheelchair modifications checklist: Seat/cushion** |  |  |  |  |  |
| **14** | **PSDs or wheelchair modifications drawings: Seat/cushion** |  |  |  |  |  |
| **15** | **PSDs or wheelchair modifications checklist: Rest of wheelchair** |  |  |  |  |  |
| **16** | **PSDs or wheelchair modifications drawings: Rest of wheelchair** |  |  |  |  |  |
|  | **Product preparation** |
| **17** | **Cushion (type and PSDs)****Preparation for the wheelchair seat is included in the PSDs and wheelchair modifications (point 18)** |  |  |  |  |  |
| **18** | **PSDs and wheelchair modifications** |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Fitting** |
| **19** | **Fitting** |  |  |  |  |  |
|  | **User training** |
| **20** | **User training** |  |  |  |  |  |
|  | **Follow up** |
| **21** | **Follow up** |  |  |  |  |  |
|  | **Reflection** |
| **22** | **Reflection** |  |  |  |  |  |
|  | **Scoring** |
|  | **Score for each column** | (A) | (B) |  |  | (Number of N/A’s) |
|  | **Sum of scores: A+B =** |  |  |  |

To calculation the score, complete the applicable row below:

|  |  |  |
| --- | --- | --- |
| **Number of N/As** | **Formula** | **%** |
| If no N/A | (A+B) / 44 |  / 44 |  |
| If one N/A | (A+B) / 42 |  / 42 |  |
| If two N/A | (A+B) / 40 |  / 40 |  |

## Passing Score

* Must receive 80% of the possible points to pass (e.g. must receive 35 points if no N/As are awarded; 33 if one N/A awarded and 32 if 2 N/A awarded)