

Rehab Skills Toolbox
Learning PASSPORT



Name: _____

1. Hemiplegic Arm
2. Swallowing/Eating Safely
3. Communication
4. Positioning Bed/Wheelchair
5. ADL's Promoting Independence
6. Visual/Perceptual Deficits
7. Transfer Training
8. Assisting with Gait
9. Pusher Syndrome
10. Moving in Bed
11. Balance
12. Sit to Stand Practice

Start Date: _____ End Date: _____

Rehab Skills Toolbox
Learning PASSPORT



Name: _____

1. Hemiplegic Arm
2. Swallowing/Eating Safely
3. Communication
4. Positioning Bed/Wheelchair
5. ADL's Promoting Independence
6. Visual/Perceptual Deficits
7. Transfer Training
8. Assisting with Gait
9. Pusher Syndrome
10. Moving in Bed
11. Balance
12. Sit to Stand Practice

Start Date: _____ End Date: _____

Rehab Skills Toolbox
Learning PASSPORT



Name: _____

1. Hemiplegic Arm
2. Swallowing/Eating Safely
3. Communication
4. Positioning Bed/Wheelchair
5. ADL's Promoting Independence
6. Visual/Perceptual Deficits
7. Transfer Training
8. Assisting with Gait
9. Pusher Syndrome
10. Moving in Bed
11. Balance
12. Sit to Stand Practice

Start Date: _____ End Date: _____

Rehab Skills Toolbox
Learning PASSPORT



Name: _____

1. Hemiplegic Arm
2. Swallowing/Eating Safely
3. Communication
4. Positioning Bed/Wheelchair
5. ADL's Promoting Independence
6. Visual/Perceptual Deficits
7. Transfer Training
8. Assisting with Gait
9. Pusher Syndrome
10. Moving in Bed
11. Balance
12. Sit to Stand Practice

Start Date: _____ End Date: _____