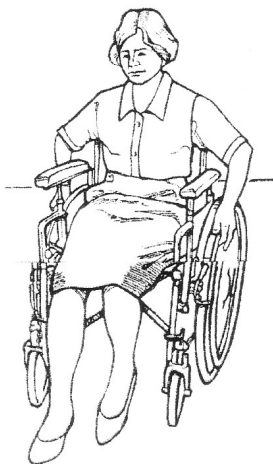



INDEPENDENT WHEELCHAIR

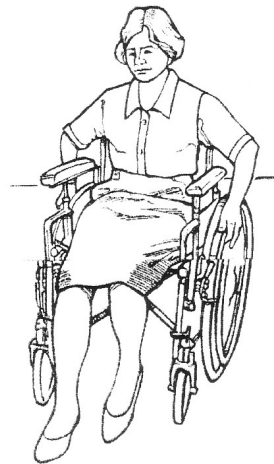



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Assessment Date: _____

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INDEPENDENT WHEELCHAIR

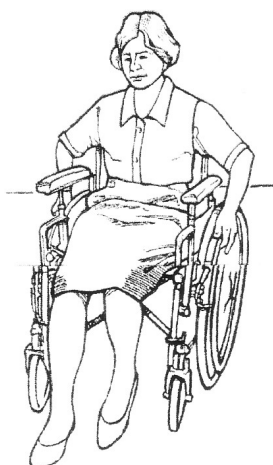



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Assessment Date: _____

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INDEPENDENT WHEELCHAIR

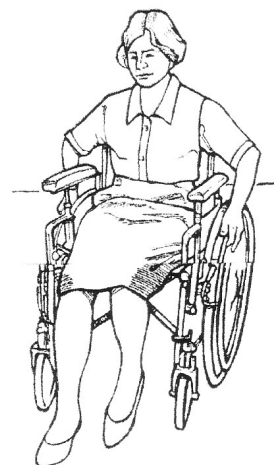



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Assessment Date: _____

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INDEPENDENT WHEELCHAIR



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Assessment Date: _____

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