

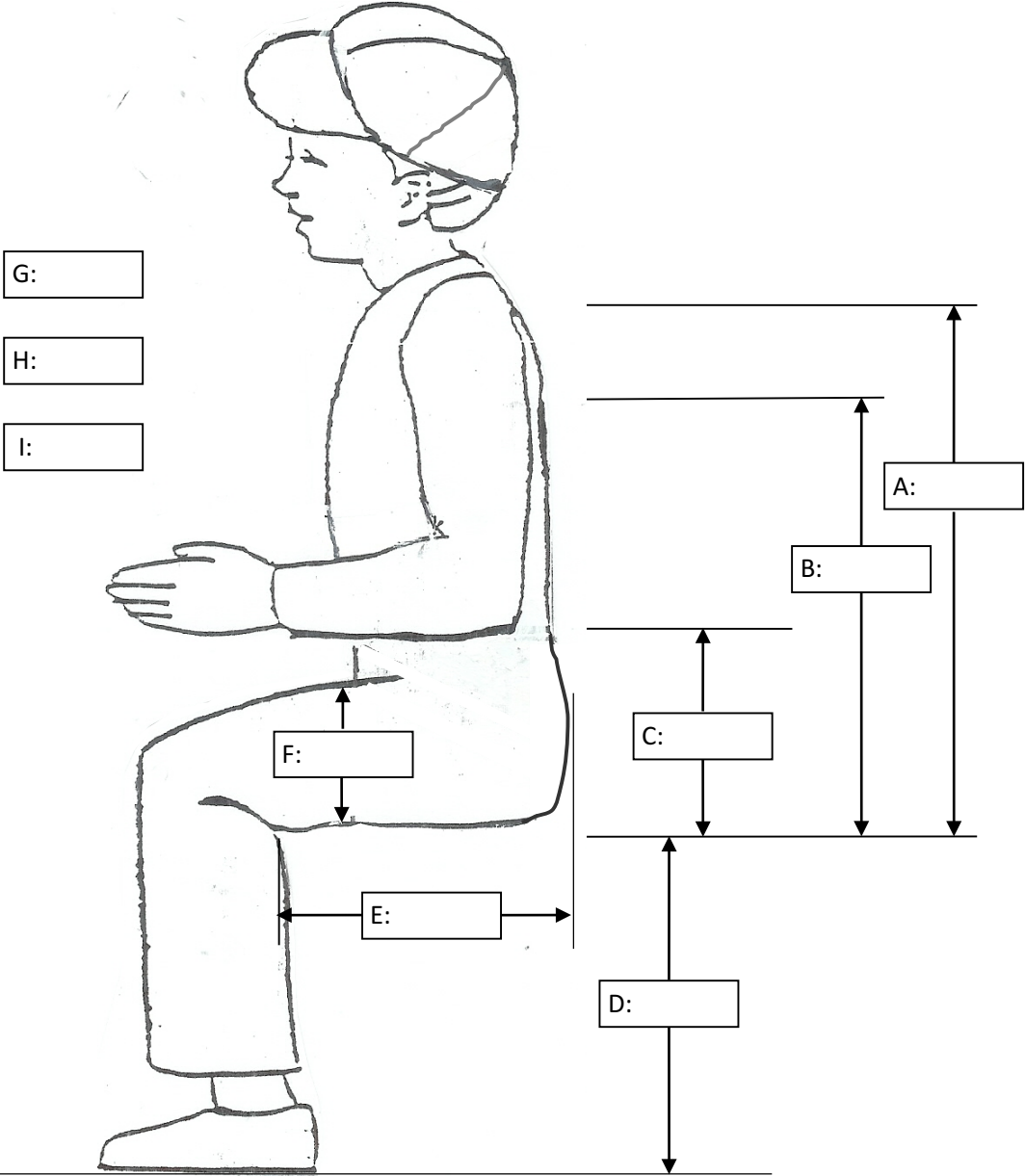
Floor Chair Measurement

Special Needs Solutions
(520) 838-0987
snsarizona@gmail.com

Date: _____

Person: _____

- A – From seat to top of shoulder.
- B – From seat to armpit.
- C – From seat to bottom of elbow held at 90 degrees.
- D – From bottom of child’s shoe to crease at back of knee.
- E – From back of seat to crease at back of knee.
- F – From seat to top of thigh.
- G – Belly circumference.
- H – Desired chair width.
- I – Desired chair back height.



Floor Chair and Table

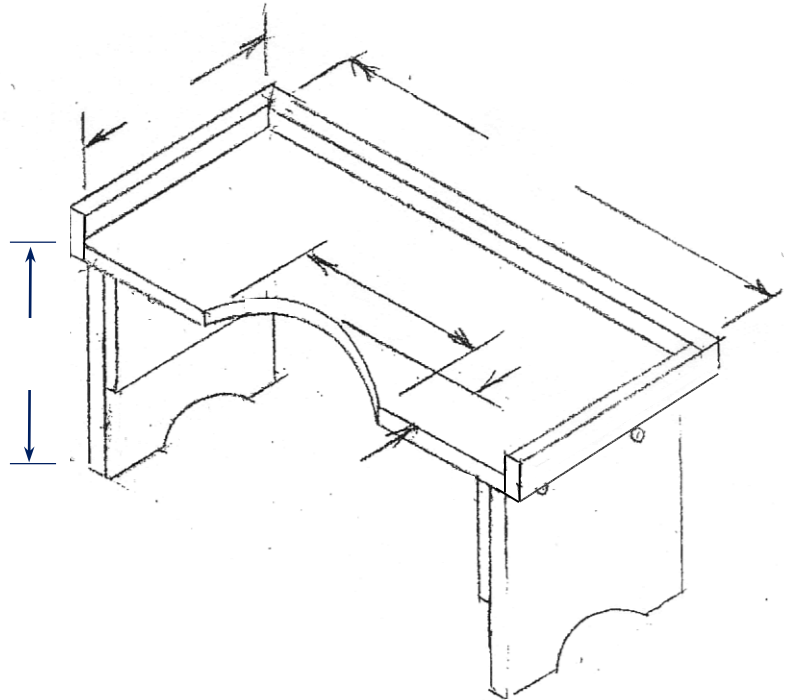
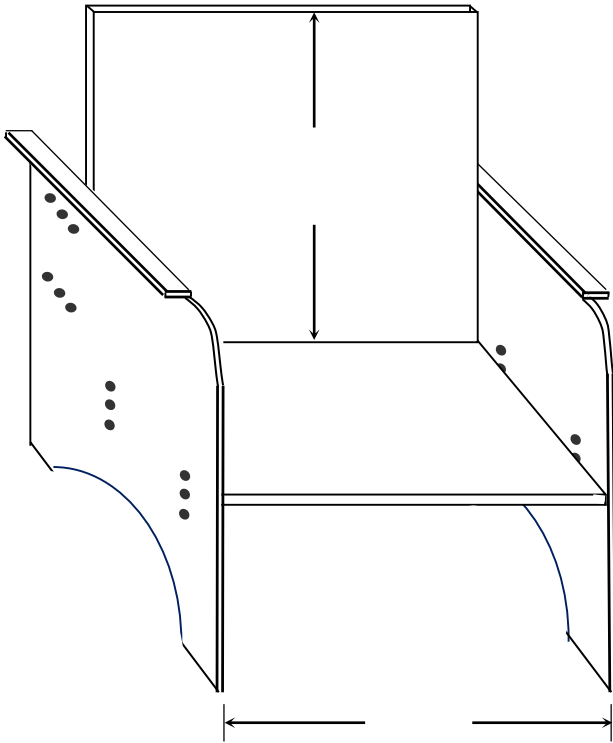
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Person: _____ Date: _____
Referred: _____ Invoice: _____
Contact: _____
Bill to: _____

Padding (1"):

Color: _____

Seatbelt:



Special Instructions:

