

ADDENDUM - Variety the Children's Charity

ASSISTIVE TECHNOLOGY/COMMUNICATION DEVICE APPLICATION checklist

Please complete in its entirety

Child's Information

1) Name: _____

2) Diagnosis: _____ Already Given

3) Is the child verbal: Yes No Partially

4) Will child be able to use this equipment for the next 3 years? Yes, definitely No Maybe

(A statement by therapist must be included.)

Assistive Technology/Device Specification

Please describe the assistive technology and how the item/service requested will address the effects of the impairment (e.g., allow more independent functioning, improve or maintain functioning and/or prevent the development of secondary disabilities)

Explanation on why the chosen device/system is the most reasonable cost-wise to meet child's communication needs. Please describe any other devices that have been tried during the communication evaluation or during rental periods and describe why those devices will not meet the person's communication needs.

List all equipment trialed and outcomes:

Already given No equipment was trialed No OTHER equipment was trialed

Access method to be used

Keyboard Head Array Clicker Eyes Other

Will the child require accessories to mount the device to a wheelchair?

Yes No

Equipment Specifications (must include)

Basic model features: See product sheet Listed on back/attached

Additional items: Already given None See product sheet Listed on back/attached
(list each item separately and give reasons why needed)