

# Assistive Devices I Will Use

Name: \_\_\_\_\_

**Device:** \_\_\_\_\_

Use for this device: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type or model of device you would like: \_\_\_\_\_

\_\_\_\_\_

Place to obtain the device: \_\_\_\_\_

\_\_\_\_\_

Cost: \_\_\_\_\_ Who will pay for this? \_\_\_\_\_ You \_\_\_\_\_ Family \_\_\_\_\_ School \_\_\_\_\_ Other

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Use for this device: \_\_\_\_\_

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Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_