

Child _____

Date Sent _____

DSCC # _____

Address _____

City/County _____

Parent/Guardian _____

O.T./P.T. _____

Vendor/Instructor _____

INSTRUCTIONS: Please sign and complete on the designated lines and return to our office after evaluation has been completed. Thank you for your cooperation.

I certify I have instructed the above named parents and child in the proper operation and maintenance of the (item) _____.

In addition I instructed them in the importance of maintaining their equipment. I explained it is their responsibility to promptly report the need for repairs to the vendor of the equipment and the Division of Specialized Care for Children.

DATE _____

VENDOR/INSTRUCTOR _____

BUSINESS NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

RETURN TO: