



EVALUATION/TRAINING FOR
EQUIPMENT - VENDOR (05.33-2)

DIVISION OF SPECIALIZED CARE
FOR CHILDREN

Patient _____
DSCC # _____
Address _____
City/County _____
Parent/Guardian _____
O.T./P.T. _____
Vendor/Instructor _____

Date Sent _____

INSTRUCTIONS: Please sign and complete on the designated lines and return to our office after evaluation and/or training 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) _____ and/or a plan is in place to instruct.

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 Division of Specialized Care for Children.

DATE _____ VENDOR/INSTRUCTOR _____
BUSINESS NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

RETURN TO: