

***Has the therapist and/or vendor discussed the following with you?***

- Yes**
- Accessibility issues, including home access, school access, community access (church, stores, friend's homes) and transportation
  - Safe, secure chair storage, protection from the elements, temperature control, theft
  - Weight, portability (including if collapsible)
  - Plan for preventive maintenance and repairs, recheck appointments
  - Expectation for reasonable life span of the chair
  - Need for supervision and additional training
  - Chair to be used **only** by the child for whom it was prescribed

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*Parent's Signature* *Date* *Phone #*

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*Therapist's Signature* *Date* *Phone #* *Fax #*

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*Vendor's Signature* *Date* *Phone #* *Fax #*