

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

Parent's Signature *Date* *Phone #*

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

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