

# ADDENDUM - Variety the Children's Charity

## ASSISTIVE TECHNOLOGY APPLICATION checklist *Please complete in its entirety*

### Child's Information

- 1) Name: \_\_\_\_\_
- 2) Diagnosis: \_\_\_\_\_  Already Given
- 3) Is the child verbal:       Yes       No       Partially
- 4) Will child be able to use this equipment for the next 3 years?       Yes, definitely       No       Maybe  
*(A statement by therapist must be included.)*
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### Assistive Technology/Device Specification

Please describe the assistive technology and how the item/service requested will address the effects of the impairment (e.g., allow more independent functioning, improve or maintain functioning and/or prevent the development of secondary disabilities)

Explanation on why the chosen device/system is the most reasonable cost-wise to meet child's communication needs. Please describe any other devices that have been tried during the communication evaluation or during rental periods and describe why those devices will not meet the person's communication needs.

List all equipment trialed and outcomes:

- Already given       No equipment was trialed       No OTHER equipment was trialed

Access method to be used

- Keyboard       Head Array       Clicker       Eyes       Other

Will the child require accessories to mount the device to a wheelchair?

- Yes       No

### Equipment Specifications (must include)

Basic model features:       See product sheet       Listed on back/attached

Additional items:       Already given       None       See product sheet       Listed on back/attached  
*(list each item separately and give reasons why needed)*