

# Assistive Technology Device

Serial #

Purchase date \_\_\_\_\_ Owner \_\_\_\_\_

Is the device currently under warranty coverage?  yes  no

Company: \_\_\_\_\_ Phone:

Tech Support:  Hours: \_\_\_\_\_

## Describe how this device is used:

Equipment List

Device

Carrying Case

Manual \_\_\_\_\_

\_\_\_\_\_

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How are repairs made to this device (i.e., who sends the device, how is payment made to the company, etc.)

What backup systems are used?

Charging/battery information (if applicable)

Has this device had any specific problems lately?

Training sources

Comments/Suggestions/Problems

Is this device part of the IEP?  YES  NO