Communication Device

Device Name _____ Company: _____

Serial # ☐☐☐☐☐☐☐☐

Equipment List

- ☐ Device
- ☐ Charger
- ☐ Extra Charger (two cords)
- ☐ Manual Set
- ☐ Carrying Case
- ☐ Shoulder strap
- ☐ Hand strap
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Comments (include mounting informaiton, special positioning considerations, etc.)

Purchase date_____

Owner _____

Is the device currently under warranty coverage? _____

Has this device had any specific problems lately?

_____

Is there a current backup file? _____

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?

- ☐ communication board ☐ _____
- ☐ another device ☐ _____
- ☐ computer
- ☐ a different device ☐ _____

Where is the current backup system located? (voice recording, file, etc.)

_____

Will the backup system be transferred? ☐ yes ☐ no

Is the device used to access the computer? ☐ yes ☐ no

How does the device get charged regularly and what are the special charging considerations?

_____

What symbol set is used? _____

Training sources

_____

Company Phone Number: ☐☐☐☐☐☐☐☐☐☐ Tech Support: ☐☐☐☐☐☐☐☐☐☐

Tech Support hours: _____

Is this device part of the IEP? ☐ YES ☐ NO