

# Computer/Word Processor

Device Name \_\_\_\_\_ Company: \_\_\_\_\_

Serial #

Type of Device:  Computer  Portable Word Processor

Other: \_\_\_\_\_

## Equipment List

- Device
- Charger
- Extra Charger (two cords)
- Manual
- Carrying Case
- Shoulder strap
- Hand strap
- Mouse
- Keyboard
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**List additional equipment below**

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

Owner \_\_\_\_\_

Has this device had any specific problems lately?

How are repairs made to this device

- District Information Technology
- Device company
- Other \_\_\_\_\_

How are repairs initiated and completed (e.g. who ships the device, who pays for the device, etc.)

What backup systems are used?

Will the backup system be transferred?  yes  no

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

List any nonstandard adaptive equipment necessary for use:

List Easy Access or Accessibility features used:

**Comments (Include printer information, special positioning considerations, purpose of equipment, etc.)**

Company Phone Number:  Tech Support:

Tech Support hours: \_\_\_\_\_

Is this device part of the IEP?  YES  NO