

## Discontinued Use Devices

List devices that have been used during the time the student was in your educational setting. Indicate the reason device use was discontinued and current recommendations regarding that device.

**Device Name**

Approximate dates used (semester, year)

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Purpose of the device

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Reason for discontinued use

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Recommendations at this time  no followup  followup as described below

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Is this device part of the current IEP?  YES  NO

**Device Name**

Approximate dates used (semester, year)

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Is this device part of the current IEP?  YES  NO