



Request for Transfer of Assistive Technology

Date:

Child's Name:

The individual requesting the transfer of assistive technology for the child listed above must complete the following information.

Name:

Phone:

Relationship to child:

I request the transfer of the following assistive technology: *(Be as specific as possible. Use additional sheets if necessary.)*

Item name:

Brand name:

Model or serial number:

This assistive technology will be transferred from:

Early Steps Region:

This assistive technology will be transferred to:

School/agency/person:

District/County

Address:

Phone:

Parent/Caregiver signature:

Agency receipt /date: _____

Agency Signature: We acknowledge receipt of the written request.
(Must be signed and 1 copy returned to parent/caregiver within 10 working days)

