



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)

