

Name \_\_\_\_\_ Age \_\_\_\_\_

### ADAPTIVE EQUIPMENT

Please list any type of adaptive equipment or assistive technology device (pencil grips, velcro boards, communication aids, standers, wheelchair, walker, etc.) that your child uses and why it is used (helps with poor fine motor control, helps him/her grip small objects, gives him/her a means of “talking”, strengthens weak leg muscles, etc.). If it is part of a therapy, indicate how long the equipment or device should be used each day (i.e. number of minutes a child should be in a stander, wearing his/her glasses, etc.) and when it can or should be used during the day (during circle, at lunch, etc.).

<b>Name of equipment/device</b>	<b>Why equipment is used</b> (What does it help?)	<b>When equipment is used</b> (During which activities can/should it be used?)	<b>How long equipment is used</b> (Amount of time needed daily, if applicable)