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| *North Carolina Infant-Toddler Program*  |       |

*Assistive Technology Loan Request*

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| Date of Request:  |       | Child’s Name: |       | Child’s DOB: |       |  |
| CDSA:  |  | EISC:  |       | EISC’s Email: |       |  |
| AT Contact:  |       |  |  |  |  |
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| IFSP Outcome #(s) & Description(s):  |       |  |
| Inventory Number (if applicable) |       |  |  |
| Name/Type of Device(s): |        | [ ]  Disposable |  |
| Description: |       |  |
| Description: |       |  |
| Type of Loan: | [ ]  Assessment & Equipment Trial  | [ ]  \*Specific Device Loan (30-day timeline) |  |
|  \*Date of Parental Consent on IFSP:  |       | \*Projected Start Date: |       |  |
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| IFSP Outcome #(s) and Description(s):  |       |  |
|  Inventory Number (if applicable) |       |  |  |
| Name/Type of Device(s): |        | [ ]  Disposable |  |
| Description: |       |  |
| Description: |       |  |
| Type of Loan: | [ ]  Assessment & Equipment Trial  | [ ]  \*Specific Device Loan (30-day timeline) |  |
| \*Date of Parental Consent on IFSP:       | \*Projected Start Date: |       |  |
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| IFSP Outcome #(s) and Description(s): |       |  |
|  Inventory Number (if applicable) |       |  |  |
| Name/Type of Device(s): |        | [ ]  Disposable |  |
| Description: |       |  |
| Description: |       |  |
| Type of Loan: | [ ]  Assessment & Equipment Trial  | [ ]  \*Specific Device Loan (30-day timeline) |  |
| \*Date of Parental Consent on IFSP:  |       | \*Projected Start Date: |       |  |
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| IFSP Outcome #(s) and Description(s): |       |  |
| Inventory Number (if applicable)  |       |  |  |
| Name/Type of Device(s): |        | [ ]  Disposable |  |
| Description: |       |  |
| Description: |       |  |
| Type of Loan: | [ ]  Assessment & Equipment Trial  | [ ]  \*Specific Device Loan (30-day timeline) |  |
| \*Date of Parental Consent on IFSP:  |       | \*Projected Start Date: |       |  |
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