



Child \_\_\_\_\_  
DSCC # \_\_\_\_\_  
Address \_\_\_\_\_  
City/County \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
O.T./P.T. \_\_\_\_\_  
Vendor/Instructor \_\_\_\_\_

Date Sent \_\_\_\_\_

INSTRUCTIONS: Please sign and complete on the designated lines and return to our office after evaluation has been completed. Thank you for your cooperation.

I evaluated the above named child for the appropriateness of (item) \_\_\_\_\_  
\_\_\_\_\_

This family/child exhibits capabilities needed to safely operate this equipment.

DATE \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

RETURN TO: