

**First Steps of West Central Indiana
AT Equipment Check-Out Record**



Date: _____

Therapist checking out equipment: _____

Equipment description: _____

Therapist's assessment of condition of the equipment: _____

Child who will be using equipment: _____

Service Coordinator: _____ County: _____

Child's IFSP expiration date: _____

Anticipated length of use: _____

The equipment described above is the property of First Steps, maintained by Cluster F / First Steps of West Central Indiana in their Equipment Exchange Inventory. The return of this equipment is the responsibility of the therapist who checks the equipment out. The therapist is responsible for ensuring that the equipment is in the best possible condition, allowing for normal wear, when returned to the SPOE.

Signature of Therapist

Date

Signature of SPOE Staff

Date

A copy of this form will be placed in the child's chart, sent to the therapist checking out the equipment and the ongoing service coordinator. The LPCC Coordinator will maintain a copy of this form as well.

For Office Use Only: The equipment described above was returned to the Equipment Exchange Inventory on _____ by _____. The equipment description is as follows: _____

Signature of Therapist returning equipment

Signature of SPOE Staff