



Spectrum Advisory Services Sensory-motor Equipment Request

Collection of items for loan is the responsibility of the borrower.

Date:		
Child's name:		
Person making request:		
Person responsible for the equipment: Please note items will not be loaned to a school without a contact name provided.		
Address:		
	PC	
Phone number:	(work / home)	
Mobile number:		
Email:		
Equipment requested:		<i>Office Use Only: Barcode</i>
<i>Office Use Only: Date received</i>	<i>Date supplied:</i>	

Document Control Information	Autism SA Client Form 23	Page 1 of 1
Endorsed by Management: April 2010	Due for Review: April 2012	
Signed: J Martin	G:\AutismSAPolicies&Forms\Client\CLIENT F23 - Sensory-motor Request Form.doc	