Date

Name of parent or caregiver

Address

City, NC Zip Code

This letter is in reference to child's name, DOB, who was enrolled in the Infant Toddler Program at the
(name) Children’s Developmental Services Agency (CDSA). One of the services provided through the CDSA is loaning your family Assistive Technology (AT) equipment to help with Individualized Family Service Plan (IFSP) Outcomes. The following AT equipment is due back at the (name) CDSA.

AT Equipment on Loan:

|  |  |
| --- | --- |
| 1. |       |
| 2. |       |
| 3. |       |
| 4. |       |
| 5. |       |

Your service coordinator has attempted to reach you on the following dates:

|  |  |
| --- | --- |
| 1. |       |
| 2. |       |
| 3. |       |

Please return all equipment by (10 day date). If you are unable to make the return, please contact the

(name) CDSA at the following number       to arrange for pick-up of AT equipment. If you believe that your child may still need AT equipment, resource information can be provided.

Sincerely,

AT Contact

cc: EISC

Director, (name) CDSA

Katie Sigmon, AT Loaning Program