ASSISTIVE TECHNOLOGY INVENTORY MONTHLY PROVIDER MONITORING AND ACTION FORM

Individual:

Location of Monitoring:

Note: PROVIDER-PLEASE REFERENCE THE AT INVENTORY LIST WHEN COMPLETING THIS FORM

Date	All AT Items are Available	All AT Items are Working	List any AT Items that need attention	Describe issues for each item listed in previous column (needs repair, lost, needs battery, etc.)	Action: What is being done and who is responsible	Signature