## ASSISTIVE TECHNOLOGY INVENTORY MONTHLY PROVIDER MONITORING AND ACTION FORM

## Individual: Jason Black

Location of Monitoring: Sustaining Supported Employment Agency (work site: Smith's Grocery Store)

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

Date	All AT Items are	All AT Items are	List any AT Items that need attention	Describe issues for each item listed in previous column (needs repair, lost,	Action: What is being done and	Signature
Freemanlas	Available	Working		needs battery, etc.)	who is responsible	
Examples	2	<i>a</i> ,				0 0
9/12/13	X	X				Joanne Jones
10/12/13			Voca	Needs repair	Contacted SLP	Joanne Jones