

**ONLINE VERSION**

**SCHOOL EQUIPMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**When D/C to school:**

Send all items to school \_\_\_\_\_ Keep all items at the Home \_\_\_\_\_

- 1. Wheelchair \_\_\_\_\_ ( )
- 2. Wheelchair tray \_\_\_\_\_ ( )
- 3. School bag \_\_\_\_\_ ( )
- 4. Communication book \_\_\_\_\_ ( )
- 5. Medications \_\_\_\_\_ ( )
- 6. Lunch – lunchbox \_\_\_\_\_ ( )
  - thermos \_\_\_\_\_ ( )
  - food container \_\_\_\_\_ ( )
  - ice packs \_\_\_\_\_ ( )
- 7. Extra clothes – sweater \_\_\_\_\_ ( )
  - pants \_\_\_\_\_ ( )
  - underpants \_\_\_\_\_ ( )
  - diapers \_\_\_\_\_ ( )
  - feeding pump \_\_\_\_\_ ( )
  - feed \_\_\_\_\_ ( )
  - other \_\_\_\_\_ ( )
- 8. Braces \_\_\_\_\_ ( )
- 9. Walker \_\_\_\_\_ ( )
- 10. Other \_\_\_\_\_ ( )  
\_\_\_\_\_ ( )  
\_\_\_\_\_ ( )

Signature \_\_\_\_\_