

Pre Purchase Assessment

Please ensure that you either type or write legibly with black ink when completing this form. If needed use the back or additional paper. Please email this completed form and any questions you may have to Scott Fields to: sfields@utah.gov

1. Support Coordinator Information:

Name _____

Cell Phone: _____ E-Mail: _____

Date of Referral: _____

2. Person in services Information:

Name: _____

Street Address _____ Apt #: _____

City: _____ State: UT Zip: _____

E-Mail: _____ Phone :(cell or home) _____

Height: _____ feet _____ inches Weight: _____ lbs Date of Birth _____

Primary Language in Home _____ Translator Needed (Y/N) _____

3. Contact Information other than the person in services:

Name (other than the person):

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Relationship to the person: _____ Other (specify): _____

E-Mail: _____ Phone:(cell or home) _____

3. Client Demographic Information:

Age: _____ Gender _____

Disability(s) include Cause & Imp. Codes if available:

4. Type of assisted technology (AT) service requested: Circle Y/N for applicable

Transportation: YES or NO Job and/or Home Site Assessment: YES or NO

Activities of Daily Living: YES or NO Augmentative Communication: YES or NO

Vehicle Hand Controls: YES or NO Educational AT: YES or NO

Alternative PC Access: YES or NO PC System Recommendation: YES or NO

Man/Motor Wheeled Mobility: YES or NO Other Mobility: YES or NO

Seating & Positioning: YES or NO

5. Vocational Goal of person:

6. Purpose of Referral (Please be detailed and specific; functional limitations and Voc or Ind-Liv Goals):

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7. Other Information pertinent for the assessment process: (USTEP Date collected):

8. Referring Agent Contact Information:

Name: _____

E-Mail: _____ Phone:(cell or home) _____

Agency: _____

Other Agency Involvement (if any): _____



DSPD AT Use Only

Date received: _____ Date reviewed: _____ Assessment required: Yes or No

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SCE needs to update data in USTEPS: Yes or No Comments: _____

AT Recommendations (if any):
