



Columbia Regional Program

Autism Services - Orthopedic Services -
Deaf/Hard of Hearing Services - Vision Services
833 N.E. 74th Ave., Portland, OR 97213

Phone: (503) 916-5570 FAX: (503) 916-5576 TTY: (503) 916-5577

ESY / HOME EQUIPMENT CHECKOUT

Date: _____ Student Name: _____

Current School Contact: _____

ESY Use

Expected ESY classroom location: _____

Person responsible for transporting equipment to and from ESY site: _____

Location of equipment in the fall: _____

Contact person in the fall: _____

Home Use

I, the undersigned, accept full responsibility for replacement costs, or repair costs, should the CROS equipment (see equipment listed below) be damaged due to improper treatment, or lost while in my possession. Improper treatment is defined as dropping equipment, disfiguring equipment in any way, immersing or spilling liquid on electronic equipment, exposing equipment to excess heat or cold, generally defacing equipment rendering it unusable in the future.

I understand that the equipment is to be used exclusively by my child to continue school programs and should be returned to my child's regular school site by the first day of school, or the beginning of each school day.

_____ (contact person) has reviewed the correct operation, maintenance, and specific information regarding my child's equipment set up.

ITEM	BARCODE

(Home Use) Parent Signature and Phone #

(ESY Use) School Contact Signature and Phone #