

Cause & Effect Toy Requisition

All fields must be completed in order to process

Must be accompanied by an Assistive Technology Requisition form (ATG-REQ-001)

Request date: _____ Therapist name: _____
 Child name: _____ Therapist phone: _____
 Date of birth: _____ Therapist email: _____



Device features

Upon activation (select one or more): Sound Flashing lights Vibration

Volume: Low High

Switch control: Momentary Latching

Note: A momentary switch will only 'power on' when the switch is held. A latching switch will 'power on' when the switch is pressed once and 'power off' when the switch is pressed a second time.



3D printed Makers Making Change (MMC) Interact Round switch

Type of Switch: MMC Interact Round switch
 MMC Light Touch switch
 Other (may be available to loan): _____
 No switch required



3D printed Makers Making Change (MMC) Light Touch Switch

Once completed, equipment will be picked up by:

Family Therapist

Additional notes
