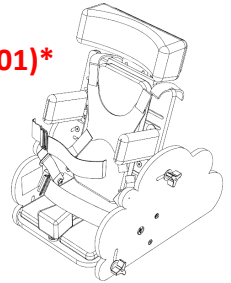


# Cloud Chair Measurement Form

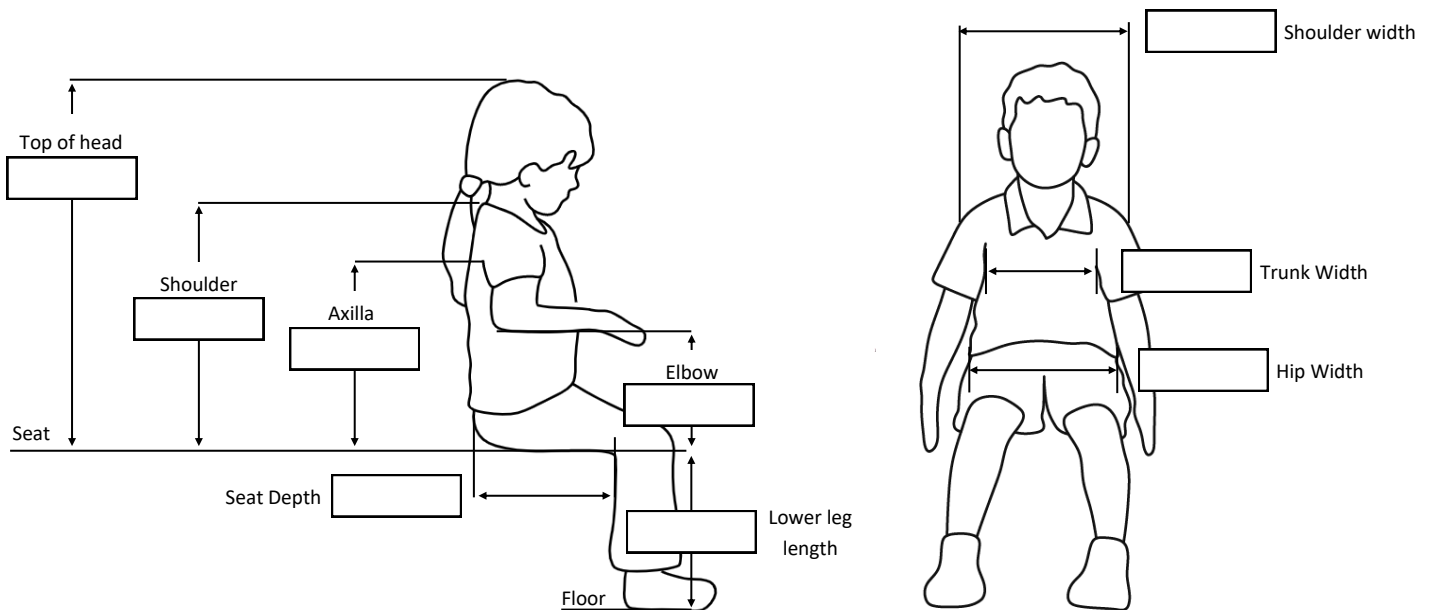
**\*All fields must be completed in order to process\***

**\*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: \_\_\_\_\_

## Required Measurements (Please measure child seated in a chair)



## Size selection (choose one)

- 10" seat width     12" seat width

## Options (check all that apply)

- Lap Belt:**       Buckle     Velcro  
 **Chest Strap:**     Buckle     Velcro  
 **Chest harness:**    XS         S         M  
 **Pommel:**         S         M         L  
 **Laterals**  
 **Head rest**  
 **Table Add-on**