



EMPLOYMENT PROGRAM FOR PERSONS WITH DISABILITIES ADAPTIVE TECHNOLOGY SERVICE ACTIVITY REPORT

REPORT DATE (YYYY MM DD)	EPPD CONTRACT MANAGER	
NAME OF AT SERVICE PROVIDER	CONTRACT NUMBER	REGION
REPORTING PERIOD START DATE (YYYY MMM DD)	REPORTING PERIOD END DATE (YYYY MMM DD)	

SERVICE TYPE	IN PROGRESS LAST PERIOD	NEW THIS PERIOD	COMPLETED THIS PERIOD	TERMINATED THIS PERIOD	IN PROGRESS AT END OF PERIOD
TECHNICAL AIDS ASSESSMENT & PLAN					
TECHNICAL AIDS LOANS					
ADAPTIVE TECHNOLOGY					
FOLLOW UP	FULL TIME				
	PART TIME				
	VOLUNTEER				
	SELF EMPLOYMENT				
	IN TRAINING				
TOTALS					

REPORT COMPLETED BY

NAME OF AT SERVICE PROVIDER	SIGNATURE
TELEPHONE NO.	FAX NO.
E-MAIL ADDRESS	