

Summary of Training Progress:	
Is the parent/caregiver demonstrating competency with the device? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, explain why:	
Does the parent/caregiver demonstrate willingness to use the device in all environments? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, explain why:	
If additional hours are being recommended for authorization, explain why, and the new number of recommended hours.	
Name of Individual Making Recommendation:	
Other:	
Name/Credentials of Individual Completing this Report:	Date:

Routing to:
 Support Coordinator and DDDAugComms@azdes.gov