

Region IV/ETL Consortium Creform Design Proposal

Project Contact Person: _____ County: _____

School: _____ Phone: _____

Team Members: _____ Date: _____

Project Name: _____

Describe Project—including specific need being met:

What commercial products are available to meet this need?

What sources of commercial projects were researched (i.e. catalogs, ABLEDATA, A.T. resource person, etc.)?

Why will Creform be useful for this project? Please check one:

There are no commercial projects designed to meet this need.

The commercial products do not meet this need because
(please explain):

It is less expensive to construct using Creform than to purchase the commercial product.

If a product is commercially available, is there a patent issued or pending on the product? Is so, please consider the legal implication of replicating the device.

Please attach a sketch of the proposed project.

I understand that after completion of the Creform device and after a trial period of 1-3 months, I will be required to complete a follow-up feedback form and to provide photographs. These plans and designs will be shared among Region IV staff, incorporated into an idea resource book, and/or posted on a website.

Signature _____

Date _____