

Letter of Recommendation for a GPS Location Device

For a Board Certified Behavior Analyst or behaviour analyst, occupational therapist or speech-language pathologist who knows the child

Date of recommendation _____ To _____

THE CHILD

Full name _____ Date of birth _____ OAP or program no. _____

THE PROFESSIONAL

☐ BCBA ☐ Registered Behaviour Analyst ☐ Occupational Therapist ☐ Speech-Language Pathologist
☐ Other

Full name and designation _____ Licence or certification no. _____

Regulatory body or board _____ Employer or practice _____

Address _____ Phone and email _____

OAP core clinical service category (Ontario only) _____

RELATIONSHIP AND WHAT I HAVE OBSERVED

How I know the child (role, how long, how often I see them)

Wandering or elopement I have observed or that is documented (how often, where, triggers, dangers such as traffic or water)

RECOMMENDATION

Based on my work with this child, I recommend a wearable GPS location device, so that caregivers can find the child quickly and are alerted when the child leaves a set safe area.

Item name _____ Item type _____

For example: "StepSafe SS-01 GPS location device", type "technology".

How it supports the child's safety and treatment plan goals

Signature _____

Date _____