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**

Template from StepSafe for the professional to complete and edit. Each program decides what it funds and may have its own form. StepSafe does not guarantee funding. This is not medical, tax or legal advice.

StepSafe