

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: PT

Building / Storage Location: City Hall

Discard 9

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer - mustang by AS2 blue
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: _____

Manufacturer (if known): _____

Model / Serial # (if known): 869221

Approximate Age of Equipment: 14 years

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment

- Structural wear (cracks, bends, etc.)
- Worn, torn, or deteriorated
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Kenya Smith PT
Signature: [Signature]
Date: 3/11/2026

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____



Discard # 10



ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: PT

Building / Storage Location: City Hall

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer Red
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: _____

Manufacturer (if known): Red R. fton

Model / Serial # (if known): unknown

Approximate Age of Equipment: unknown

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Keryn Smith PT
Signature: *Keryn Smith*
Date: 3/11/2026

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____



Discard # 11

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS
Program / Department: PT
Building / Storage Location: City #11

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: Liko Lift

Manufacturer (if known): 10/2013
Model / Serial # (if known): 2010004 un0102EE
Approximate Age of Equipment: 13 years

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Kenyn Smith PT
Signature: *Kenyn Smith*
Date: 3/11/2026

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____

Discard #12

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: PT

Building / Storage Location: City Hall

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: Cruiser (Stroller - Aqua color)

Manufacturer (if known): _____

Model / Serial # (if known): unknown

Approximate Age of Equipment: unknown

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

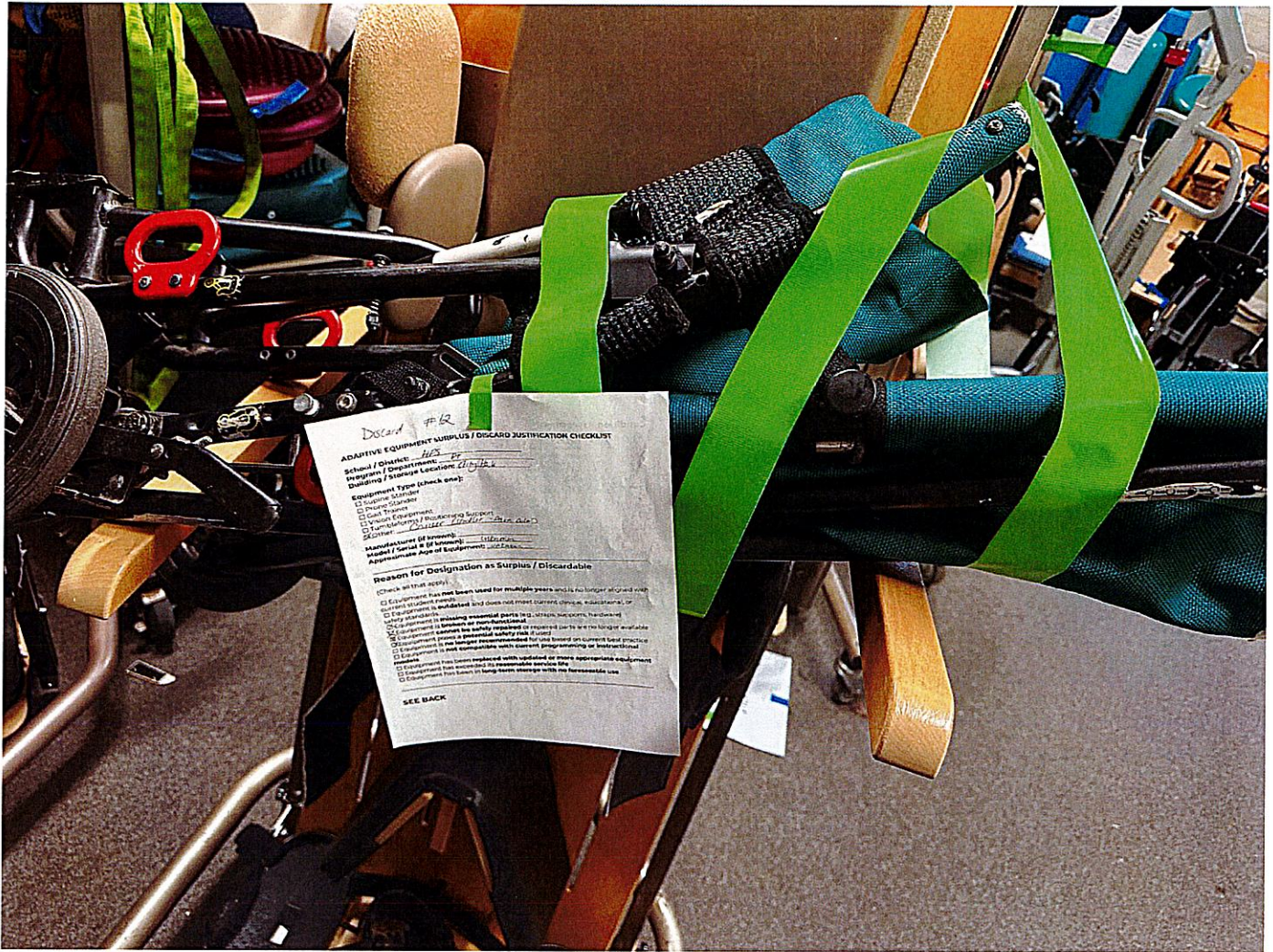
- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Keryn Smith PT
Signature: [Signature]
Date: 3/11/2026

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____



Doc # 12

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: MS
Program / Department: OT
Inventory / Storage Location: Office

Disposing / Receiving:

Equipment Type (check one):
 Equipment Standard
 Dual Trainer
 Dual Footrest
 Wheelchair / Powerchair Support
 Other: Walker Hand Arm Arm

Manufacturer (if known):
Model / Serial #: (if known):
Approximate Age of Equipment: 2015

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has not been used for multiple years and is no longer aligned with current student needs
- Equipment is outdated and does not meet current design, maintenance, or safety standards
- Equipment is missing essential parts (e.g. wheels, supports, handrails)
- Equipment is missing essential safety features
- Equipment causes or presents a potential safety risk if used
- Equipment is no longer recommended for use based on current best practice
- Equipment is not compatible with current programming or instructional needs
- Equipment has been replaced with updated or more appropriate equipment
- Equipment has exceeded its reasonable service life
- Equipment has been or will be replaced with the reasonable use

SEE BACK

DISCARD

13, 14
15, 16, 17

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: _____

Program / Department: _____

Building / Storage Location: _____

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: 5 wooden chairs

2 tripp trap
1 spec. tom
2 Rifton

Manufacturer (if known): _____

Model / Serial # (if known): _____

Approximate Age of Equipment: 2

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Debra Schultz O.T.
Signature: [Signature] OT
Date: 3/10/26

Administrator / Committee Approval:
Name: _____
Signature: _____
Date: _____



DISCARD 18 + 19

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS
Program / Department: PT
Building / Storage Location: City Hall

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: Activity Chair

Manufacturer (if known): _____

Model / Serial # (if known): _____

Approximate Age of Equipment: _____

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

unsafe

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Unusable

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
 - Determined **not appropriate for current or future student use**
 - Determined **not cost-effective or feasible to repair**
 - Determined **not appropriate for redistribution or reassignment**
-

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Keryn Smith PT
Signature: *Keryn Smith*
Date: 3/11/2020

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____



DISCARD # 20

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: OT

Building / Storage Location: City Hall

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: Stander trays X 6

Manufacturer (if known): _____

Model / Serial # (if known): Rifton

Approximate Age of Equipment: 715 YRS

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review


- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Deb Schultz OT

Signature: 

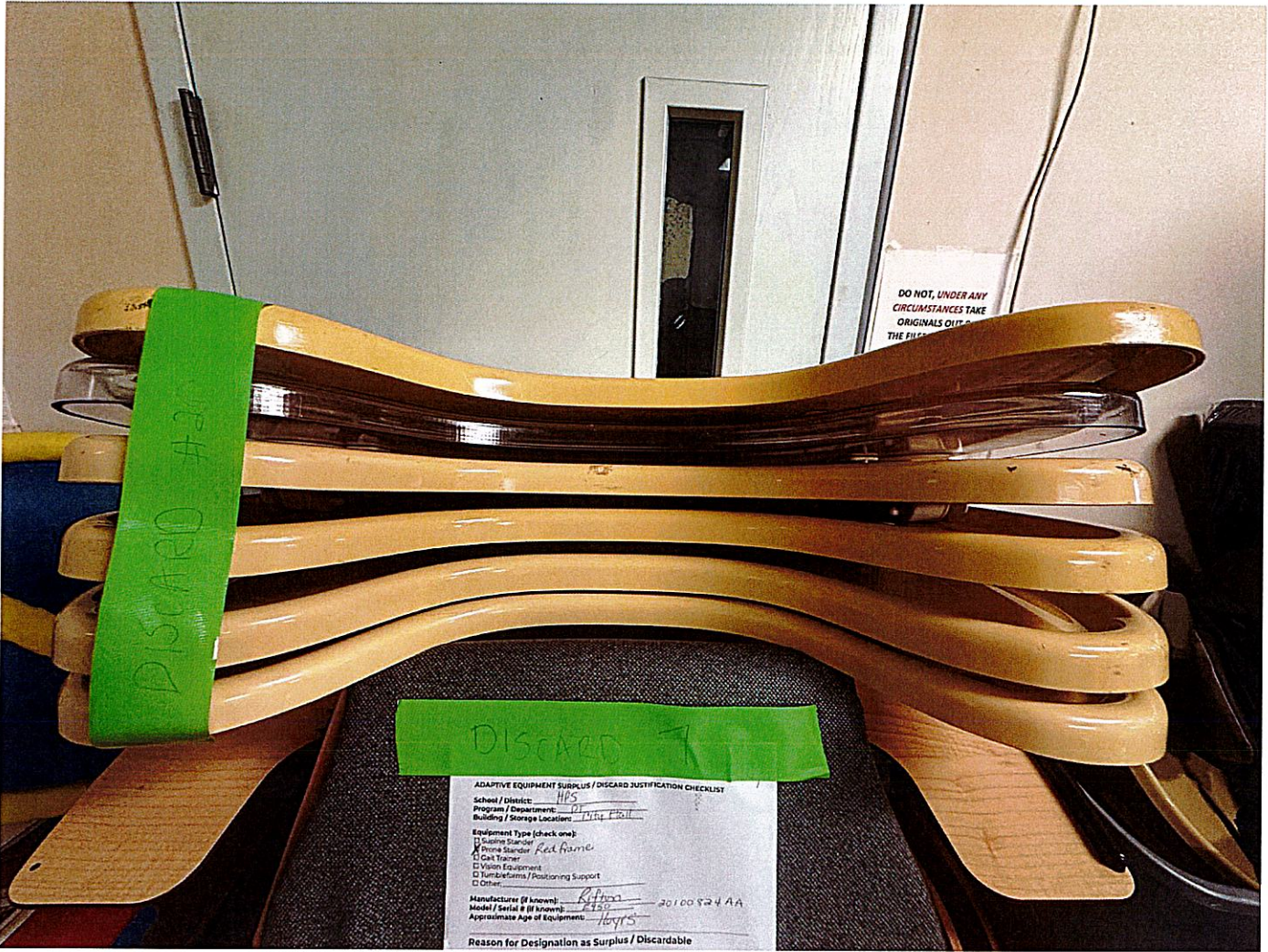
Date: 3/20/26

Administrator / Committee Approval:

Name: _____

Signature: _____

Date: _____



DISCARD #3

DISCARD 7

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: OT

Building / Storage Location: City Hall

Equipment Type (check one):

- Seating Stand
- Phone Stand Red frame
- Case Trainer
- Vision Equipment
- Transfer/Reclining Support
- Other: _____

Manufacturer (if known): Red frame

Model / Serial # (if known): 20100524AA

Approximate Age of Equipment: 10yrs

Reason for Designation as Surplus / Discardable

DO NOT, UNDER ANY CIRCUMSTANCES TAKE ORIGINALS OUT OF THE FILE

DISCARD #21

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS
Program / Department: OT
Building / Storage Location: City Hall

Equipment Type (check one):

- Supine Stander
- Prone Stander
- Gait Trainer
- Vision Equipment
- Tumbleforms / Positioning Support
- Other: mats x2

Manufacturer (if known): Flaghouse
Model / Serial # (if known): _____
Approximate Age of Equipment: unknown

Reason for Designation as Surplus / Discardable

(Check all that apply)

- Equipment has **not been used for multiple years** and is no longer aligned with current student needs
- Equipment is **outdated** and does not meet current clinical, educational, or safety standards
- Equipment is **missing essential parts** (e.g., straps, supports, hardware)
- Equipment is **broken or non-functional**
- Equipment **cannot be safely repaired** or repaired parts are no longer available
- Equipment poses a **potential safety risk** if used
- Equipment is **no longer recommended** for use based on current best practice
- Equipment is **not compatible with current programming or instructional models**
- Equipment has been **replaced with updated or more appropriate equipment**
- Equipment has exceeded its **reasonable service life**
- Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title): Deb Schultz OT
Signature: _____
Date: 3/20/26

Administrator / Committee Approval:

Name: _____
Signature: _____
Date: _____



DISCARD

#22

ADAPTIVE EQUIPMENT SURPLUS / DISCARD JUSTIFICATION CHECKLIST

School / District: HPS

Program / Department: PT

Building / Storage Location: City Hall

Equipment Type (check one):

Supine Stander

Prone Stander

Gait Trainer

Vision Equipment

Tumbleforms / Positioning Support

Other: Walkers * Random donated

Manufacturer (if known): Unknown

Model / Serial # (if known): _____

Approximate Age of Equipment: _____

Reason for Designation as Surplus / Discardable

(Check all that apply)

Equipment has **not been used for multiple years** and is no longer aligned with current student needs

Equipment is **outdated** and does not meet current clinical, educational, or safety standards

Equipment is **missing essential parts** (e.g., straps, supports, hardware)

Equipment is **broken or non-functional**

Equipment **cannot be safely repaired** or repaired parts are no longer available

Equipment poses a **potential safety risk** if used

Equipment is **no longer recommended** for use based on current best practice

Equipment is **not compatible with current programming or instructional models**

Equipment has been **replaced with updated or more appropriate equipment**

Equipment has exceeded its **reasonable service life**

Equipment has been in **long-term storage with no foreseeable use**

SEE BACK

Condition Assessment (Check all that apply)

- Structural wear (cracks, bent frame, instability)
- Worn, torn, or deteriorated padding or supports
- Missing or damaged straps, fasteners, or positioning components
- Rust, corrosion, or material degradation
- Mechanical failure (wheels, adjustments, locking mechanisms)
- Electrical or visual components no longer functional (if applicable)

Additional Notes on Condition:

Random outdated walkers - donated
by student families or left district
* Unable to re-use

Educational and Clinical Review

- Reviewed by licensed professional (OT / PT / related service provider)
- Determined **not appropriate for current or future student use**
- Determined **not cost-effective or feasible to repair**
- Determined **not appropriate for redistribution or reassignment**

Recommendation

- Designate as SURPLUS
- Approve for DISCARD / REMOVAL

This equipment is recommended for removal from inventory due to age, condition, safety concerns, and lack of current or anticipated educational use. Continued storage is not an effective or appropriate use of district resources.

Reviewed by (Name & Title):

Signature:

Date: 3/20/26

Deb Schuetz OT

Administrator / Committee Approval:

Name: _____

Signature: _____

Date: _____



