

Request Date_____

To: Pioneers, West Suburban Pioneer Club

Re: "Therapist Letter of Recommendation" for a specially designed tricycle for a child with physical disabilities

TOT (Therapy Oriented Tricycle)

Indicate Size:

Pedal Powered 16" _____ 12" _____ 10" _____

Please Select () Add-On Details Required For Your Specific Request:

Back Support, with Belt ()
Pedal (Foot) Containments ()
Standard Horizontal Handle Bars () OR Vertical Handle Bars ()

Note: The 16" models are customized with wide rear wheel bases to minimize tipping.
The 12" and 10" models are only available with a standard wheel base.

Recipient Information:

Name _____ Gender: M F (circle one)

Age _____

Disability _____

For presentation purposes only: day _____, time _____ of therapy.

Parent/Guardian Information:

Name _____

Phone _____

Address _____

City _____ State _____

Zip _____

Therapist Information:

Name _____ Bus

Tel _____

Business

Address_____

City_____ State_____

Zip_____

Facility Associated
with_____

Signed:_____ (Therapist in
attendance)

Mail Requests to:

Gordon & Connie Hankins

440 River Bluff Circle

Naperville IL 60540

Phone: 630-355-7211

Fax: 630-355-7211 (Phone First)

Additional Information:

Lou Wegerer

630-961-1184

file: Pioneers Tricycle Request Form 6-16-2011