



Autism Spectrum Disorder Awareness Kit Request Form

The _____ (circle one: parent/organization/school) is requesting the Autism Spectrum Disorder Awareness Kit for _____ days (include pick-up and drop-off days) in order to service _____ (describe audience or family) and approximately _____ (number) people. The ASOC recommends planning at least 30 minutes for an awareness lecture. If the kit is being used as an intervention tool for a family, the kit should stay with the family at least one full day.

The following dates are your first and second choice periods of time to borrow the kit.

First Choice Time Period

From: _____ To: _____

Second Choice Time Period

From: _____ To: _____

The following person(s) has been identified as the person responsible for returning the kit on time with all of it's contents.: (Please print)

- Name(s): _____
- Mailing Address(s): _____
- Phone number(s): _____
- E-mail(s): _____

_____ agrees to transport the Autism Spectrum Disorder Kit. It may be picked up at the home of Lisa Kowalski, 1411 Ternbury Drive, Rochester Hills, MI 48307 as arranged by Lisa Kowalski. The borrower also agrees to return the kit to the same location. Lisa Kowalski, ASOC member and the Autism Spectrum Disorder Awareness Kit Coordinator, will coordinate the pick up and drop off dates and times.

The ASOC will provide:

- The ASD Awareness kit contents. It is the responsibility of the borrowing person/organization/ school to return the kit undamaged and complete. **Any missing or broken items will be replaced and/or repaired at the borrower's expense. The**

borrower realizes that the total content of the kit is valued at over \$1,000.00. A complete inventory of the kit will occur upon return to Lisa Kowalski.

- A manual describing in detail how to conduct each lecture. The manual also details other valuable information for extensions to the lecture.
- Lisa Kowalski will be available for technical assistance at 248-726-7682 or lisakowalski@wowway.com.

The ASOC is not responsible for any injury resulting from the transportation or use of the Autism Spectrum Disorder Awareness kit.

_____ agrees to all of the above conditions.
(Signature of parent/ authorized organization representative/ authorized school representative)

Parent or Authorized Representative's Contact Information

Please Print

- Name: _____
- Title: _____
- Address: _____

- Phone number: _____
- Email: _____

Please return both pages of this form to Lisa Kowalski, 1411 Ternbury Drive, Rochester Hills, Michigan 48307. You will receive a written approval with date confirmation after Lisa Kowalski contacts you.