**附件2**

“辅助器具进校园”工程实施信息汇总表

填报单位： 实施年份： 填表日期：

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| 序号 | 姓名 | 性别 | 家庭住址 | 残疾证号 | 残疾  类型 | 学校、年级 | 家长联系方式 | 适配辅具名称 | 适配辅具数量 |
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注：残疾类型：视力残疾、听力残疾、言语残疾、肢体残疾、多重残疾、其他残疾。