附件1



新入学参加大学生辅助器具适配助学行动统计表

填报单位（公章）： 领导签字： 填报日期：

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| 说明：1.辅助器具名称填写轮椅、助行器、助视器、假肢矫形器等，具体基本型辅助器具清单向当地残联咨询；2.此表由残疾大学生所在学校负责统计填写，并报教育厅高校学生工作处。 | | | | | | | | | | |

填报人： 联系电话：