



# Dublin City Schools

## Procedures Governing the Use of School Owned Assistive Technology At Home

In order for a student to use school owned assistive technology devices, hardware or software at home, the following conditions must be met.

- ◆ The IEP team must decide if AT is needed to accomplish IEP goals and objectives at home in order to fulfill FAPE.
- ◆ The Assistive Technology Service Provider, Program Supervisor, and Special Education Teacher must all approve student use of the device at home.
- ◆ The assistive technology is used for educational purposes only, as outlined in the student's IEP.
- ◆ Any assistive technology that has been used by a student is required to be returned to the Assistive Technology Center in June for summer storage and inventory control.

I agree to abide by the above conditions. \_\_\_\_\_ (parent initials)

**I understand that the Assistive technology is owned by the school district. The following safeguards apply:**

- ☐ The assistive technology is to be used **only by the student** to which it has been assigned and to no other family member, friend, etc.
- ☐ The assistive technology may **not to be modified** in any way without permission of the AT Coordinator. (eg. No software should be added to a laptop. Or, the device will not be taken apart.)
- ☐ I understand that I am required to furnish replacement batteries, if applicable.
- ☐ Any problems or malfunctions will be reported immediately to the Assistive Technology Coordinator and the classroom teacher.
- ☐ The Assistive technology will not be taken out of state unless given permission by the AT Coordinator.
- ☐ The parent will be required to bring the device to school if the student forgets it at home.
- ☐ Other: \_\_\_\_\_

**I understand and agree to take responsibility for the care of the device while it is in my home.**

\_\_\_\_\_ (parent initials)

### Equipment To Be Loaned:

Item Name	Inventory Number	Serial Number	Cost of Item

Student's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade/Program: \_\_\_\_\_ School: \_\_\_\_\_

School Contact: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ (when applicable)

\_\_\_\_\_  
Principal Signature/Date

Copies: AT  
School  
Parent