



Please return signed form to:

**01** The following Assistive Technology is on loan to:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Key Contact at School: \_\_\_\_\_

Assistive Technology on loan:

Asset Number:

Technology checked on delivery ☐ Key Contact Signature: \_\_\_\_\_

Date and Location for return: \_\_\_\_\_

**02** School to complete

We agree to:

- ☐ Return this technology by the above date.
- ☐ Monitor trial outcomes for the Assistive Technology, record observations and collect samples of work.
- ☐ Not load additional software or passwords unless agreed by assessment teams.
- ☐ Take full responsibility for the de-installation of any software loaded onto the school system when the trial period is completed

- ☐ Take reasonable care to prevent damage or loss.
- ☐ Comply with International Copyright Legislation when accepting any software for evaluation (neither making nor attempting to make a copy of either software or documentation).
- ☐ Support effective use of Assistive Technology during trial to achieve trial outcomes.

Confirmation of software removal:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal: \_\_\_\_\_ Key Contact Person: \_\_\_\_\_

Signed (Principal): \_\_\_\_\_ Date: \_\_\_\_\_

Special Education Coordinator: \_\_\_\_\_

### 03 Home (in the exceptional circumstances that trial technology is taken home)

## Rules 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 Representative in June for summer storage and inventory control.

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

We agree to:

- |   |  |
|---|--|
| <input type="checkbox"/> Return this technology by the above date and cover any costs.  | <input type="checkbox"/> Take reasonable care to prevent damage or loss.   |
| <input type="checkbox"/> Be responsible for costs of replacement of the technology in the case of damage or loss due to negligence.   | <input type="checkbox"/> Provide any consumables as necessary during this trial for this student.  |
| <input type="checkbox"/> Comply with International copyright Legislation when accepting any software for evaluation (neither making nor attempting to make a copy of either software or documentation).                   | <input type="checkbox"/> Not load additional software or passwords unless agreed by assessment teams.  |
| <input type="checkbox"/> Take full responsibility for the de-installation of any software loaded onto the home system when the trial period is completed.   | <input type="checkbox"/> The assistive technology is to be used <b>only by the student</b> to which it has been assigned and to no other family member, friend, etc. |
| <input type="checkbox"/> The assistive technology may <b>not be modified</b> in any way without the permission of the AT Coordinator (eg. No software will be added to a laptop. Or, the device will not be taken apart). | <input type="checkbox"/> I understand that I am required to furnish replacement batteries, if applicable.  |
| <input type="checkbox"/> Any problems or malfunctions will be reported immediately to the Assistive Technology Representative and the classroom teacher.  | <input type="checkbox"/> The Assistive Technology will not be taken out of state unless given permission by the AT Coordinator..                                     |

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

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

Signed (Parent/Caregiver): \_\_\_\_\_ Date: \_\_\_\_\_