

Administrative Procedure 342 – Appendix A

ASSISTIVE TECHNOLOGY HOME LENDING AGREEMENT

Student Name:

Grade:

School:

Teacher:

Student Support Teacher:

Recommendation for Home Lending:

Parents:

Address:

Date of Agreement:

Date of Termination of Agreement:

Equipment Requested (include any additional components such as case, power cord, software, etc.):

Reason for Lending (Check all that apply):

- Device trial or evaluation
 - Continuity of school program throughout the year
 - Continuity of school program over school breaks (specify break) _____
 - Other (please identify) _____
- _____

Does this student have an IIP?

- Yes
- No

If yes, please identify the goal this lending agreement will support:

Does this student have a SSP or ROA?

- Yes
- No

BORROWER'S RESPONSIBILITY AND LIABILITY

I understand and agree that I am responsible for proper handling and use of the assistive technology device.

I am responsible for returning all components to Prairie South Schools in a timely manner.

In the case of a loss of a device or components, I will be held financially liable. In the event of a loss, I will contact the Student Support Teacher or Professional Service Provider involved immediately.

The total replacement value of the item(s) to be loaned is \$ _____

In case of theft, I will not be held responsible, as long as I immediately report the incident to the police and provide a copy of the police report to the Prairie South Schools. If an equipment breakage or malfunction occurs, I must immediately notify the school and/or the Professional Service Provider involved. I will not be held responsible for equipment breakage or malfunction that occurs during normal use as long as I report it promptly.

I will ensure that the device is used for only the purpose identified, and to support the program goals of my child.

I will adhere to the Prairie South Schools *Computer/Online Services Responsible Use* procedures (AP140) as well as the *Information Technology Acceptable Use Agreement Form*.

Failure to comply with these responsibilities will result in loss of future access to assistive technology devices owned by the Prairie South Schools, as determined by the school principal in consultation with the Superintendent of Learning.

Signature of Parent/Guardian Date: _____

Print Name

Signature of School Principal Date: _____

****Please retain one copy for school file and forward a copy to the Superintendent of Learning.****