

ASSISTIVE TECHNOLOGY HOME LENDING AGREEMENT

Student Name:	Grade:
School:	Teacher:
Student Support Teacher:	PSP(s) Recommending Home Lending:
Parents:	Address:
Date of Agreement:	Date of Termination of Agreement:
<p>Equipment Requested (include any additional components such as case, power cord, software, etc.):</p> 	
<p>Reason for Lending (Check all that apply):</p> <p><input type="checkbox"/> Device trial or evaluation</p> <p><input type="checkbox"/> Continuity of school program throughout the year</p> <p><input type="checkbox"/> Continuity of school program over school breaks (specify break) _____</p> <p><input type="checkbox"/> Other (please identify) _____</p> <p>_____</p>	
<p>Does this student have an IIP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please identify the goal this lending agreement will support:</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>Does this student have an ROA?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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 the Good Spirit School Division 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 Good Spirit School Division.

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 Good Spirit School Division *Acceptable Use of Technology* procedures (AP 140), as well as the *Information Technology Acceptable Use Agreement Form* (Form 140-1).

Failure to comply with these responsibilities will result in loss of future access to assistive technology devices owned by the Good Spirit School Division, as determined by the school principal in consultation with the Superintendent of Student Services or the Student Services Coordinator.

Signature of Parent/Guardian

Date: _____

Print Name

Signature of SSWT/School Principal

Date: _____

****Please retain one copy for school file and forward a copy to your Student Services Coordinator.****