

Technology Information Services

12511 Warwick Boulevard, Suite A, Newport News, VA 23606 • phone: 757-881-5461 • fax: 757-881-5461

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 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. 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 AT Coordinator and classroom teacher.
- The assistive technology will not be taken out of state unless given permission by the AT Coordinator.
- Newport News Public Schools will not be held responsible for software loaded on home computers or the effect/interaction that the software may have on the home computer's other programs or systems.
- 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 | AT Inventory Number | Silver Tag | Serial Number (Device) |
|-----------|---------------------|------------|------------------------|
| | | | |
| | | | |
| | | | |

Student's Name: _____
 Address: _____
 Grade/Program: _____
 School Contact: _____
Student's Signature: _____ (when applicable)

Parent's Signature: _____
 Phone Number: _____
 School: _____
 Date of Loan: _____

 Teacher Signature/Date

 Assistive Tech. Coordinator Signature/Date



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