
PSD 202 ASSISTIVE TECHNOLOGY DEPT

Home/School or Private Placement – A.T. Equipment Agreement Form

Student: _____ Gr: _____ School: _____
Teacher: _____ Today's Date: _____ Program: _____
Start/End Dates of use: _____

Item/Device and accessories	Serial or Inventory #

Agreement: The above assistive technology item(s) or device(s) is a tool to help your student/child meet his educational goals and objectives. Plainfield C.C. School District 202 holds a shared responsibility with parents (and private placement facilities, if applicable) for conscientious use and daily care of the device(s) to help maintain its performance in all environments. If the above device(s) becomes damaged or nonfunctional, there will be a period of time that it is out of service during its repair by the school district. Additionally, if the above item requires software installation at home (or private facility, if applicable), parents (teams) are advised to install at own risk. If you have concerns or questions about software or the care and maintenance of this unit(s) please contact the Assistive Technology Dept. at the telephone number listed below.

*I have read the above statement and will use care in the maintenance and storage of the device/s when in the school environment.

District Employee or Private Placement Signature

Date

*I have read the above statement and will use care in the maintenance and storage of the device/s and any required software will be installed at my own risk when in the home environment.

Parent Signature

Student Signature

Date

___ Copies have been given to AT Dept, parent, and teacher-- original kept in school's Main file and e-copy attached to IEP

ML Hatley, Ed.D., Assistive Technology Specialist (815)577-4019
Alexis Segovich, MS, CCC-SLP/L Assistive Technology Specialist (815)577-4070