

# 2017-2018 Hawthorn District 73 Assistive Technology Equipment Loan Agreement

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Device/Software \_\_\_\_\_

Device Asset #: \_\_\_\_\_ Wireless Aircard # \_\_\_\_\_  
(if applicable)

Parent E-mail Address: \_\_\_\_\_

## Terms and conditions of participation in the Hawthorn Student Assistive Technology Equipment Loan Program:

I understand that this assistive technology device is provided to me as part of an instructional program and will be assigned to me during the current school year for both home and school use. The assistive technology tools are to help your child meet his/her educational goals and objectives. Hawthorn District 73 holds a shared responsibility with parents for conscientious use and daily care of the device/software to help maintain its performance in all environments. If you have concerns or questions about the care and maintenance of this device/software, please contact Dave Hunwick at 847-990-4200.

### It is to be used for educational purposes only.

I understand:

- I must take good care of the device and all accessories provided.
- The assistive technology device is only to be used by the assigned Hawthorn student for educational purposes. I will not loan the device/software to anyone else or share my password with anyone.
- I will return the device/software and all items provided at the end of the school year or when requested by a Hawthorn District staff member.
- Any inappropriate use of the device/software may result in disciplinary actions. All expectations outlined in the Hawthorn Student Handbook and the Hawthorn Acceptable Use and Internet Safety Administrative Procedure are applicable at all times when using this device/software. For more information about internet safety go to [www.isafe.org](http://www.isafe.org).
- I will be responsible for costs of replacement of the technology in the case of damage or loss due to negligence.
- If anything goes wrong with the device/software, I will bring it to the attention of my classroom teacher where it will be fixed or replaced as quickly as possible.

### Please sign the appropriate line below

I understand and accept all of the terms and conditions of the assistive technology loan program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date