



ASSISTIVE TECHNOLOGY REQUEST FORM
Milton C. Porter Education Center
2946 Sutton Rd., Adrian, MI 49221
Phone: 517-263-8931 FAX: 517-263-2890

Date of Loan:		For use at school or home?	
Borrower's Name:		Borrower's Role:	
School District:		School Building:	
School Address:		School Phone:	
Email:			
Student Name:		Student Grade:	
Student Age:		Disability Category:	
Item Loaned:		Value of Device/software:	

iPad Serial Number : _____

Purpose:

- Trial as communication device
- Trial for education apps in classroom setting
- Trial for home implementation to support educational goals
- Short term accommodation
- Short term replacement of broken equipment
- Professional staff development/learning

Is this your first time borrowing from the LISD Lending Library?
 Have you had training in the use of this device?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If Yes, what type of training?

List specific apps or types of apps you would like to be able to access:

Terms of Agreement:

In borrowing this device and the applications installed on it, the school and representative agree to:

1. Equipment will be delivery to school/site.
2. Equipment is for 6-8 week trials. Please collect data to support use and student growth.
3. Prevent loss or abuse of equipment and return items in working order.
4. Keep away from food and liquids.
5. Follow guidelines as established in the *LISD Technology Acceptable Use Policy*.
6. **Comply with ALL COPYRIGHT LAWS.**
7. Use equipment/software for educational purposes only.

Violation of any of the above policies can result in the immediate termination of the loan.

As of _____ this device had been re-imaged and cleaned of any unauthorized material.
(date)

Applicant Assurance:

I certify that I am the Representative of this request and I thereby take responsibility for loaned equipment under these terms.

Borrower Signature

School District

Borrower name (printed)

Date

Parents Signature (if applicable) & phone number

Date

Check out date: _____
Check in date: _____

If you have any questions, please contact Amanda.Ream@lisd.us