

Assistive Technology Family Loan Agreement for the Loan of Assistive Technology to Students with Individualized Education Programs



Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 336-17
November 2017

See [MCPS Regulation IGT-RA, User Responsibilities for Computer Systems, Electronic Information, and Network Security](#) and [MCPS Regulation COG-RA, Personal Mobile Devices](#)

IDENTIFICATION INFORMATION

Student Name _____ Student ID # _____
Responsible parent/guardian name _____ Phone ____ - ____ - ____
School Name _____
Name of staff member providing loan _____

ASSISTIVE TECHNOLOGY ON LOAN

1. Item name _____ Item Number _____
Barcode _____ Serial Number _____
Date Issued ____/____/____ Date Returned ____/____/____
Accessories (describe) _____
Date Issued ____/____/____ Date Returned ____/____/____

2. Item name _____ Item Number _____
Barcode _____ Serial Number _____
Date Issued ____/____/____ Date Returned ____/____/____
Accessories (describe) _____
Date Issued ____/____/____ Date Returned ____/____/____

TERMS OF USE

- I agree to use all technology for Montgomery County Public Schools (MCPS) educational use only. All actions are subject to MCPS review and may be logged and archived.
- This device is being provide as a result of the student's Individualized Education Program (IEP). I agree not to upgrade or alter the programs in any way.
- I agree to take precautions to prevent misuse, damage, and loss and to take routine care by cleaning and protecting the equipment.
- I agree to participate in training on device set-up and use, if required.
- I agree to return device upon demand, for inventory checks or at a predetermined date.

FINANCIAL RESPONSIBILITY

I agree to assume financial responsibility for any and all technology, assistive technology, or equipment provided by MCPS for home use once it has left school property. Contact the Division of Business, Fiscal and Information Systems (DBFIS) at 301-279-3166 for replacement cost of equipment.

Student Signature _____ Date ____/____/____
Parent/Guardian Signature _____ Date ____/____/____
MCPS Staff Member Signature _____ Date ____/____/____