Kenosha Unified School District #1
Assistive Technology Equipment Contract for Individual Student Use

Loan Agreement

Date _______________   Student Name  ______________________________
Local District or Program Representative _______________________________
School __________________________________________________________
School Phone _____________________________________________________
Equipment _________________________   Bar Code # ____________________
Current Replacement Value _________________________________________

Condition:
I have received the above listed equipment on loan from Kenosha Unified School District #1. I understand the purpose of this loan is to assist me in attaining my stated IEP goals and objectives. I agree to the following conditions:

1. I will participate in an orientation session in order to be able to appropriately use the equipment.
2. I will not allow other students to use the device without the teacher’s permission or the permission of a KUSD representative.
3. I will tell my teacher when I have a problem with the device (if the device is not working properly).
4. I will ask my teacher or a KUSD representative when I have a question about the device (e.g., how a specific feature of device works).
5. I will try to remember to bring the device to the appropriate classes as discussed with my teacher.

Student’s Name ___________________________________________________
Signature _________________________________________________________
Date: _________________________