Morton CUSD 709 staff is recommending that my child, **Child’s Name**, utilize **Type of Assistive Technology** assistive technology devices in order to support their educational progress. The District has purchased the technology and is supplying to my child for use both at school and at home. I agree to the following obligations:

1. Family will be financially responsible for any loss or damage occurring to the device(s) outside of the school day and setting.
2. Programs, videos, audio files, etc. may only be added to the device by District personnel or with their direct consent (i.e. adding communication symbols to AAC devices).
3. This device will only be utilized for the educational purpose designated by District staff.
4. This device will be returned to the special education teacher at my child’s school prior to the last day of school this year.

Print Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Representative Name/Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DF8w

November 2010