



**ASSISTIVE TECHNOLOGY EQUIPMENT CONTRACT FOR  
INDIVIDUAL STUDENT USE**

**LOAN AGREEMENT**

Date \_\_\_\_\_ Student's Name \_\_\_\_\_

Local District or Program Representative \_\_\_\_\_

School \_\_\_\_\_

District \_\_\_\_\_

School Phone \_\_\_\_\_

Equipment \_\_\_\_\_ MISD # \_\_\_\_\_

Current of Replacement Value \_\_\_\_\_

**CONDITION:**

I have received the above listed equipment on loan from Macomb Intermediate School District. I understand the purpose of this loan is assist my child in attaining his/her 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 anyone to modify the device in any manner without the written consent of my child's teacher or an MISD representative. This includes repair, maintenance, programming, updating and loading or deleting of software.
3. I fully appreciate the value of the equipment and if anything should happen to damage or destroy the device due to negligence, I agree to repay or replace it at my own expense. I also accept responsibility for replacing any missing parts.
4. I will see that the device accompanies my child to school everyday.
5. I will inform my child's teacher in advance if the equipment is moved from the address listed below or if severe complications arise with the device.

Parent's/Guardian'sName \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PLEASE SIGN THIS CONTRACT, MAKE A COPY FOR YOUR FILES AND RETURN TO:**

Classroom Media Library,  
Educational Service Center,  
Macomb Intermediate School District  
44001 Garfield Road  
Clinton Township, MI 48038-1100