

Gadsden Independent School District  
SPECIAL EDUCATION DEPARTMENT

ASSISTIVE TECHNOLOGY  
Lending Agreement

**Student Information**

Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent Name \_\_\_\_\_ Tel (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Parent Address \_\_\_\_\_  
Parent Mailing Address \_\_\_\_\_

**Assistive Technology Device on Loan**

General Description \_\_\_\_\_  
Manufacturer \_\_\_\_\_ Color \_\_\_\_\_ Number of Pieces \_\_\_\_\_  
Model/Serial # \_\_\_\_\_ Other \_\_\_\_\_  
Condition (at time of loan) \_\_\_\_\_

**Conditions of Loan**

- The parent agrees that this assistive technology device will be used only on behalf of this student and in accordance with the student's IEP.
- The parent agrees to exercise reasonable care of this device while it is on loan to the student. Special care instructions (if any): \_\_\_\_\_  
\_\_\_\_\_
- The district agrees to monitor the use of this device and ensure that it is maintained in proper working condition. Person responsible: \_\_\_\_\_
- The parent agrees to contact \_\_\_\_\_ Tel \_\_\_\_\_ immediately if this device is damaged or does not operate correctly.
- The parent and district agree that this device will be on loan beginning (date) \_\_\_\_\_.
- The parent and district agree that this device will be on loan until (date) \_\_\_\_\_.
- Other conditions of loan \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

District Representative \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

District Representative \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

Copy Distribution: White - Student File at CID Yellow - Parent Copy Pink - Assistive Technology Team Lending File  
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