

**Gadsden Independent School District
Special Education Department**

Assistive Technology Check-Out Agreement

General Description: _____

Manufacturer: _____

Model/Serial # _____ Color _____ # of Pieces _____

Condition at Check Out: _____

Staff

Member: _____

Position: _____ School: _____

Date of CheckOut: _____ Estimated Date of Return: _____

Signature: _____ Date: _____

AT Team

Member: _____ Date: _____

Prior to leaving the district, it is your responsibility to check all Assistive Technology back into Special Education.