



South East Consortium SELPA Home Use of Low Incidence Equipment

Student Name: _____ Birth Date: _____ Grade: _____
 District of Residence: _____ Attending School/District: _____
 Teacher: _____ SpEd Program: _____
 Current IEP Date: _____ Low Incidence Disability: _____

Rationale for Home Use as Determined and Documented by the IEP Team:

Items to be used at home:

<u>Item(s)</u>	<u>Serial #</u>	<u>SELPA Tag #</u>

Parent Training provided by: _____ Name/Title Date: _____

As the parent/guardian of: _____, I agree to:

1. Secure the equipment and supervise proper use, ensuring that there will be no modifications of or additions to equipment, existing programs or software.
2. Provide necessary and safe transportation of the equipment between home and school.
3. Acknowledge that the equipment was purchased for student use with state funds and remains the property of the State of California.
4. Agree that equipment will not be used by other members of the family or by friends.
5. Assume responsibility for the replacement or repair of equipment if lost or damaged while at home.
6. Receive training in the use of the equipment before it can be sent home.
7. Acknowledge that the equipment may be required to be returned to school at any time it is determined that the equipment is not being used properly, or when the IEP team determines that use at home and/or use at school is no longer required for student to access curriculum.
8. Return the equipment to the school district (LEA) should the student move out of the district in order to arrange for transfer of the equipment to the new district of the student or to another student in the same LEA. I understand that if the equipment is an assistive technology device(s) and new enrollment is into another LEA, including a Charter School, the return of the device may be delayed until such time as the new LEA ensures provision of a comparable device (though, no longer than 2 months).

Parent/Guardian Signature

Date

Address

Telephone

District Administrator

Date

To be filled out upon return of item/s:

_____ <i>Date Equipment Returned</i>	_____ <i>Administrator Received</i>
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