



Jackson School District
Parent/Guardian Request for Internet-Enabled Device
Accommodation or Exception (Regulation 5516)

Policy 5516 generally prohibits student use of internet-enabled devices on school grounds during the school day. However, some exceptions / accommodations may be granted. If you wish to request an accommodation or exception, please complete the following and submit to the Assistant Superintendent. **You may scan it in and email it, or drop off or mail to 151 Don Connor Blvd., Jackson, NJ 08527.**

For grades PreK-6, submit to Mr. Rob Rotante rjrotante@jacksonsd.org

For grades 7-12, submit to Dr. Laura Godlesky lgodlesky@jacksonsd.org

SECTION 1 – STUDENT INFORMATION

Student Name: _____

School: _____ **Grade:** _____

Parent/Guardian Name: _____

Relationship to Student: _____ **Phone:** _____

Parent Email: _____

SECTION 2 – REQUEST

I am requesting permission for my child to use an internet-enabled device during the school day.

Device requested for use:

- ☐ Smartphone
- ☐ Smartwatch
- ☐ Tablet
- ☐ Other: _____

Describe the specific purpose for which the device is needed:

When would the device need to be used?

(Check all that apply.)

- ☐ During specific classes
- ☐ During lunch
- ☐ During passing periods
- ☐ During the entire school day
- ☐ At specific times: _____
- ☐ In a specific location: _____
- ☐ Other: _____

How frequently would the device need to be used?

- ☐ Daily
- ☐ Several times per week
- ☐ Occasionally
- ☐ Only when a specific circumstance occurs
- ☐ Other: _____

SECTION 3 – REASON FOR REQUEST

Please identify the circumstance that best describes the request:

- ☐ **IEP Accommodation**
The device is needed to fulfill an accommodation provided in the student's IEP.
- ☐ **504 Plan**
The device is needed to support implementation of the student's 504 Plan.
- ☐ **Health/Medical Need**
The device is needed to implement a student health plan or monitor/address a health condition.
- ☐ **Translation**
The device is needed for translation services that are unavailable through a district-issued device.
- ☐ **Student Caregiver Responsibility**
The student is routinely responsible for the care or well-being of a family member.
- ☐ **No Reasonable Alternative**
No reasonable alternative to the use of an internet-enabled device exists for a specific purpose.

SECTION 4 – EXPLANATION OF NEED

Please explain why your child requires access to an internet-enabled device based on the exception above:

Why can the need not reasonably be met through a district-issued device or another school-based alternative?

SECTION 5 – SUPPORTING DOCUMENTATION

The District may request supporting documentation regarding the need for the accommodation or exception. Policy 5516 provides that documentation may include information from a physician, Child Study Team, or other appropriate source.

Please attach documentation, if applicable:

- ☐ IEP
- ☐ 504 Plan
- ☐ Health Plan/medical documentation
- ☐ Physician/healthcare professional documentation
- ☐ Child Study Team documentation
- ☐ Other supporting documentation

Documentation attached: _____

If documentation is not attached, please explain:

SECTION 6 – REQUESTED ACCOMMODATION/EXCEPTION

If approved, I understand that the District may establish specific conditions governing when, where, and how the device may be used.

Requested start date: _____

Requested end date: _____

Requested conditions or limitations:

SECTION 7 – PARENT/GUARDIAN ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have reviewed the purpose of this request and have provided information that I believe accurately explains my child's need.
- I understand that Policy/Regulation 5516 generally prohibits student use of internet-enabled devices during the school day.
- I understand that submitting this request does not automatically authorize my child to use an internet-enabled device during the school day.
- I understand that the District may request additional documentation or information before making a determination.
- I understand that, if approved, the accommodation/exception may include specific conditions governing the use of the device.
- I understand that the District will review approved accommodations/exceptions periodically.
- I understand that the District may determine that a district-issued device or another reasonable alternative can meet my child's needs.

Parent/Guardian Signature: _____

Date: _____

FOR DISTRICT USE ONLY

SECTION 8 – ADMINISTRATIVE REVIEW

Date request received: _____

Reviewed by: _____

Position: _____

Request Category

- ☐ IEP
- ☐ 504
- ☐ Health/Medical
- ☐ Translation
- ☐ Student Caregiver
- ☐ No Reasonable Alternative
- ☐ Required by Law
- ☐ Emergency
- ☐ Other

Documentation Reviewed

- ☐ Documentation sufficient
- ☐ Additional documentation requested
- ☐ IEP/504 reviewed
- ☐ Health plan reviewed
- ☐ Other: _____

Alternative Considered

Can the student's need reasonably be met without use of the student's personal internet-enabled device?

- ☐ Yes
- ☐ No
- ☐ Additional information needed

Alternative identified, if applicable:

SECTION 9 – DETERMINATION

- ☐ APPROVED
- ☐ APPROVED WITH CONDITIONS
- ☐ DENIED

Effective date: _____

Review date: _____

Reason for determination:

Conditions/limitations of approval:

Permitted device: _____

Permitted purpose: _____

Permitted location(s): _____ Permitted time(s): _____

Additional conditions:

SECTION 10 – NOTIFICATION

Date parent/guardian notified: _____

Method of notification:

- ☐ Email
- ☐ Phone
- ☐ Written notice
- ☐ Other: _____

Administrator/Designee Signature: _____ **Date:** _____