

Sumner County Educational Services, Interlocal 619

Assistive Technology Policy

Guidelines as set forth by national 34 CFR 300.346(a)(2)(v) and state departments K.A.R. 91-40-1 (d)

Sumner County Educational Services will provide assistive technology services and devices as determined by student's IEP team. Recommendations will be provided by the Interlocal's AT Team.

Assistive Technology Device / Equipment Policy

Checkout

Assistive Technology Devices or Equipment owned by the Interlocal may be checked out by a parent / guardian for the use by a child who has a current Individual Education Plan on file with the Interlocal. The checkout of any said equipment is subject to the Director's approval. Any device or equipment that is checked out must be currently used by the child as part of his/her educational program and can have a maximum replacement/repair value of no greater than \$500.00.

The user must sign a check out agreement that reasonable care will be exercised in the use of the equipment and agree to pay the cost of the repair or replacement of said equipment if lost or damaged.

The device/equipment must be returned to Sumner County Educational Services Interlocal 619 if:

- The student leaves the school district
- A change of device is recommended
- The student is no longer eligible for special education services

Training

The student will be trained to use the device/equipment. If device/equipment is to be checked out, the family members will receive training on device use, maintenance, and responsibilities for home use.

Staff members using device/equipment with student will receive training on device use, maintenance, and strategies to incorporate use into the learning environment.

Referral for Assistive Technology Services

If a student is to be referred for possible Assistive Technology services, the attached referral form should be completed and submitted to the Assistive Technology Coordinator.

Assistive Technology Referral Form

Student Name: _____ Age: _____

Birthdate: _____ School: _____

Referred by: _____ Teacher (If different): _____

What is the goal or task is the student is unable to achieve?

Why is the student unable to achieve his or her goal or task?

What has been tried?

- Why was it tried? _____
- How long was it tried? _____
- How was it tried? _____
- Is there documentation? _____

Have parents been informed about this referral to Assistive Technology?

- Yes No

Complete the above information and return the form to the AT Coordinator at the 619 Administrative Office.

Assistive Technology Equipment Checkout

Student: _____ Date: _____

Responsible Party: _____ Relationship: _____

Address: _____

Phone Home : _____ Work : _____ Cell: _____

Equipment Loaned: _____

Time/s for equipment check out: (Continuous Checkout / Intermittent Checkout)

Date equipment is to be returned: _____

In consideration for the use of the above assistive technology equipment, I hereby agree to the following:

I agree to exercise reasonable care in the use of this equipment. I agree to pay the cost of any repair or replacement of equipment that is lost or damaged as a result of, but not limited to, mistreatment, accident, neglect, misuse, loss, theft, or vandalism while the equipment is in my possession or control. I agree to return the equipment at the time stated.

Other Considerations: _____

The signature below represents my agreement to these requirements:

(Parent)

(Date)

Witness: _____
(School Representative)