



CONSENT FOR STUDENT TO USE PARENTALLY PROVIDED ASSISTIVE TECHNOLOGY DEVICE(S)

STUDENT NAME: _____ SCHOOL: _____

PARENT/GUARDIAN: _____ ID# _____

I, _____ (parent/guardian or owner of equipment) agree, understand and consent to the following terms and conditions governing the use of parentally provided Assistive Technology Device(s) on CMS property.

1. Assistive Technology Device (ATD) means any item, piece of equipment, or product system identified by an IEP Team (and included in the IEP) that will be used to increase, maintain, or improve functional capabilities of a child with a disability.
2. Parentally provided ATD means any assistive technology device(s) personally provided by me for my child to use at school.
3. I agree that my child may use the parentally provided ATD listed below at school and has been given permission to do so by the Principal.
4. I agree that Charlotte-Mecklenburg Schools (CMS), the Charlotte-Mecklenburg Board of Education (CMBE), or its employees or agents will not be held responsible for any damage to, or loss of, the parentally provided ATD while such equipment is in the care, custody, or control of CMS. CMS staff will not modify the parentally provided ATD unless given written permission from me.

 I agree that CMS personnel such as the Speech-Language Pathologist, Occupational Therapist, and/or classroom teacher may program the parentally provided ATD.
5. I agree to provide an appropriate storage case to transport the parentally provided ATD.
6. I understand that CMS is required to offer my child a Free Appropriate Public Education (FAPE) under the law, which includes providing any ATD included in my child's IEP.
7. I understand that the parentally provided ATD I am authorizing my child to use at school may be in addition to, or in place of, the ATDs provided by CMS.
8. I understand that I may revoke my consent for my child's use of the parentally provided ATD at any time, and that this revocation must be in writing.
9. I confirm that I have carefully read this Agreement and agree to its terms knowingly and voluntarily.
10. I also confirm that I am the parent or legal guardian of the referenced student.

Parentally Provided Assistive Technology Device(s)

DEVICE NAME	MANUFACTURER	MODEL	SERIAL NUMBER

Signature of Parent/Guardian

Date Signed

Signature of School Principal

Date Signed

Form Received by Cindy Monroe, AT Coordinator

Date Received

For additional questions, contact Cindy Monroe, AT Coordinator at 980-343-2097.
Place original form in the student's cumulative folder.
Send a copy to Cindy Monroe: Fax 980-343-1437; cynthia.monroe@cms.k12.nc.us; Courier 670-EC.