

# North Central Kansas Special Education Cooperative

## Interlocal #636

P.O. Box 369, Phillipsburg KS 67661  
543-6654

Phone: 785-543-2149 Fax: 785-

**Deb Reha, Director**  
[dreha@ncksec.net](mailto:dreha@ncksec.net)

**Wes Topel, Assistant Director**  
[wtopel@ncksec.net](mailto:wtopel@ncksec.net)

### **Member Districts**

**USD 110 Thunder Ridge, USD 211 Norton, USD 212 Northern Valley, USD 237 Smith Center, USD 269 Palco, USD 270 Plainville, USD 271 Stockton, USD 325 Phillipsburg, USD 326 Logan, USD 392 Osborne, USD 399 Natoma**

## Assistive Technology Device/Medical Equipment User Agreement

<b>Student Name</b>	<b>Date</b>
<b>School</b>	<b>Grade</b>

<b>Device Description:</b>					
<b>Serial Number:</b>		<b>Make:</b>		<b>Model:</b>	

I, the undersigned parent/guardian:

1. Agree to return the above named device/equipment at the end of this agreement period, in the same condition as it was received.
2. Understand that if this device/equipment is lost or stolen while in my possession, I will pay the assessed value of the device/equipment to North Central Kansas Special Education Cooperative #636, and in case of damages other than expected wear and tear, I will pay for the necessary repairs that are over and above the normal maintenance charges.
3. Agree that I will not permit anyone else to use this device/equipment other than the student to whom it is assigned, unless peer use has been identified as part of the implementation plan.
4. Understand that this device/equipment is supplied as part of an Individualized Education Plan (IEP). I further understand that any violation of this accepted responsibility will result in a team meeting to discuss appropriate use of this device/equipment.
5. Device repairs should receive immediate attention whenever they arise. Students/parents/guardians should first discuss the needed repairs with their primary provider as small repairs can often be attended to at no cost to the student. Vendors will be contacted if the cooperative is unable to repair the device/equipment.

We the undersigned have read the information above and agree with its provisions.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_