

# ASSISTIVE TECHNOLOGY AGREEMENT WITH STUDENT FOR USE OF LPS WRITER

Department of Special Education  
Lincoln Public Schools

I, \_\_\_\_\_ will organize and complete my assignments as needed with the appropriate use of the LPS Writer which is checked out for my use until \_\_\_\_\_.

I will appropriately use the LPS Writer to complete assigned classroom writing assignments and will turn in copies of these assignments to \_\_\_\_\_ on an agreed upon weekly basis. These items will be turned into \_\_\_\_\_ each \_\_\_\_\_.

These assignments will include but not be limited to:

1. class papers
2. use of keyboarding improvement
3. assignments in: \_\_\_\_\_
4. arrangements will be made for printing off this work with \_\_\_\_\_ so that it is not disruptive to classes or interferes with my learning in classes. (teacher's name)

These arrangements are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I agree to carry the Writer in it's designated carrying case as provided by the district at all times between classes and to and from school.

I agree to the arrangements for storing the Writer at \_\_\_\_\_ School when I do not need it during class. These arrangements are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I understand any inappropriate use of this Writer will result in its removal from my use and an alternative will be discussed. Inappropriate use includes but is not limited to: inappropriate writings as defined by LPS conduct rules, or any other actions not approved by \_\_\_\_\_.  
(teacher's name)

**Signature**

**Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies to \_\_\_\_\_ Parents  
\_\_\_\_\_ Staff  
\_\_\_\_\_ ATS