

C.A.S.E. Vision iPad

Request Form

(Please fill out the following information in order to request a trial with the Vision iPad.)

School and Program where trial will take place: _____

Grade of student trialing device: _____

Therapist/Teacher requesting device: _____

Date request submitted: _____

Skill/Need to be addressed during trial:	Expected outcome:	Apps being used: (to be completed during trial)	Data/Impressions: (to be completed during trial)

Please return this request to Mary Furbush. Request will be filled as device becomes available.

Anticipated Trial Dates: _____

iPad Rules and Regulations:

1. Device will be available for loan for a **two week period**.
2. Device **MUST be kept in the possession of the CASE employee who requested it** at ALL times.
3. Devices are **NEVER to be left in a classroom**.
4. Please contact Tricia Sharkey at tsharkey@casedupage.com immediately if the device does not appear to be working properly or has been damaged.
5. Renters are **NOT** permitted to download anything onto the device, nor are they permitted to make any changes to the device. If there are apps that you would like to see on this device or suggestions for any changes, please email those ideas/suggestions to either Linda Gifford lgifford@casedupage.com or Kathy Sledz ksledz@casedupage.com
6. Device should be charged using only the Apple charger that accompanies it.
7. Devices should be charged via electric outlets, not computers.
8. Please sign this document to verify that you understand these regulations:

I _____ have read and understand the iPad Rules and Regulations. I will return this iPad to Mary Furbush at the CIS office by _____.

Thank you for your cooperation!

Enjoy this Assistive Technology Tool!