

## ABOUT THIS FORM

This form is used to complete **Long Term Loan** request only. Please download and save, prior to entering data.

## HELP TO COMPLETE THIS FORM

You should only complete this form if the student has been verified under the Department for Education Disability Support program with either a:

- Physical disability (to be submitted in conjunction with therapist) and/or
- Vision impairment (to be submitted in conjunction with SASVI Advisory Teacher)

## Who contributes information to this form?

The class teacher, learning support team, student, family and allied health professional (Occupational Therapist, Speech Pathologist)

A trial and assessment of the requested technology must be undertaken by the allied health professional.

## Who can submit this form?

This form is completed as a joint submission between teacher and allied health professional. Schools submit a request signed by the Principal.

## Where is the information drawn from to complete this form?

Adjustments in student's One Plan (OP)

Assessment report from allied health professional, taking into account:

- a) main reasons for this submission (including student strengths/needs, functional skills and abilities and details of impairment)
- b) trials undertaken
- c) learning environment and nature of tasks (including description of how technology supports student access and participation as documented in student's OP adjustments).

## What can be requested?

Standard laptops, iPads, alternative access peripherals and software/apps listed in this form at 6.1 and 6.2. Contact the Inclusive Technology Service (SERU) for requests outside these standard hardware and software requirements.

## 1 School Details

Site:  
 Partnership:  
 Admin email: @schools.sa.edu.au  
 Telephone:

Contact person:  
 Role:  
 Contact email: @schools.sa.edu.au

## 2 Student Details

Name:  
 Gender:  M  F  
 DOB Age:  
 Year level:  
 IESP Category  VI  P  
 Aboriginal/Torres Strait Islander  
 Young person in care

## 3 Family Details

Parent/Caregiver name:  
 Address:  
 Phone:

## 4 Family Permissions

Is the equipment to be taken home?  
 No  Yes\*

\* Families are liable for loss/damage of equipment when taken home. Appropriate insurance cover is recommended.

Family has been informed about home use policy  
 (home use only)

## 5 ICT Request Type

New SERU Long Term Loan  
 Upgrade existing SERU Long Term Loan

## 6 ICT Request

**Touch Screen Laptops** are loaded with the most recent version of operating system, Microsoft Office and approved software (from request list).

**iPads** are managed by SERU with latest iOS and approved apps (from request list). Schools may add an Apple ID to purchase additional apps.

## Summary of Equipment Requested

Please complete the relevant section(s).  
 Laptop request (*Go to 6.1*)  
 iPad request (*Go to 6.2*)

### 6.1 Laptop Request

14"  15"  
 Protective sleeve  carry bag  
 Standard mouse supplied

### Software required

Select up to three choices

### 6.2 iPad request

regular  mini  
 Standard cover supplied

### iPad Peripherals

Protective case required if any:  
 Please specify  
 iPad mounting unit for desk/tray  
 No  Yes

### Apps required

Select up to six choices

### 6.3 Alternative Access Devices

No (go to 7)  Yes

Alternative keyboard  
 Please specify model:

Alternative mouse  
 Please specify model:

Switch access  
 Please specify model:

## 7 Assessment and Recommendations

### Classroom Teacher

Name:

Email:

### Health Professional

Name:

Organisation name:

Email:

Phone:

Trial undertaken with loan equipment from:

SERU

other organisation (*specify*)

### 7.1 SMARTAR Goals Requiring Assistive Technology (max 3)

### 7.2 Reason for assessment

### 7.3 Assessment Summary and Recommendations

## 8 Verifications

### 8.1 Teacher Statement

I, \_\_\_\_\_ verify that that the request will assist in meeting student's goals documented in their One Plan (OP). I understand the student's goals and details of the adjustments will be made available if requested.

### 8.2 Health Professional Statement

I, \_\_\_\_\_ verify that a trial has successfully been undertaken for the requested equipment. I understand that the full assessment report will be made available if requested.

## 9 Direct Support

Will staff need training to support the student?

No  Yes

If yes, provided by:

SERU  Novita  SASVI

Other (*please specify*)

If SERU, please complete an Inclusive Technology Request for Service, available on our website. <http://web.seru.sa.edu.au>

## 10 Checklist

- Summary of recommendations entered
- Family notified of responsibility for home use
- All signatures entered

REQUEST COMPLETED. Principal signature required prior to submission.

Principal Name

Principal Signature

Principal email (*to receive receipt of this submission*)

**OFFICE USE ONLY**

NOT APPROVED

APPROVED