

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