



Inclusive Education Technology Loan Application

PLEASE COMPLETE ALL FIELDS, SIGN AND RETURN TO INCLUSIVE EDUCATION.

A. STUDENT INFORMATION

Last Name:		First Name:	
Date of Birth:		Grade:	
School:			
Ministry Funding Cat:	-- SELECT A CATEGORY --		

- B.** Is the student currently Supported by SET-BC? Yes No
 If yes, do they have a SET-BC equipment? Yes No

C. TECHNOLOGY INFORMATION

What kind of loan are you asking for from Inclusive Education? <i>(tick all that apply)</i>	
Hardware? <input type="checkbox"/>	Software? <input type="checkbox"/> Other? <input type="checkbox"/> Specify:
Specifically what are you asking for?	
Are you already familiar with this technology and know what it does? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who recommended the loan of the equipment?	
Name:	Agency

E. Please list any IEP Goals that require the use of this T

F. Please list any needs or special considerations that ne this technology into the student's curriculum (e.g. release



Applicant Name (please Print)	Signature	Position

APPLICATION: ____ APPROVED ____ DENIED REASON (S):
