



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 Technology:

- F.** Please list any needs or special considerations that need to be taken into account to integrate this technology into the student's curriculum (e.g. release time for training etc.).

Applicant Name (please Print)	Signature	Position

APPLICATION: ____ APPROVED ____ DENIED REASON (S):
