**Sweetwater County School District #1**

**Assistive Technology Team**

**Annual Inventory**

 **(for school year 2018-19)**

**Equipment should be returned with this completed form before checking out in your building for the summer.**

Name:       Grade:    School:

Teacher of Record:       Principal:

Our records show the following Special Education Assistive Technology equipment was checked out to your school for this student this year. You are responsible for this equipment until it is checked back into the AT department in Special Services at the Central Administration Building, 3550 Foothill Boulevard, Rock Springs, Wyoming. **All equipment for students MUST BE RETURNED to the AT Team by the last day of school**.

**ITEM/DEVICE SERIAL # BAR CODE VALUE**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**1. Do you expect this student to remain in the current room/school next school year?**

[ ]  Yes

[ ]  Student will remain at current school, but go to \_\_\_\_\_\_grade with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_teacher next year.

[ ]  No, student is moving to \_\_\_\_\_\_\_\_\_\_\_\_\_school next year.

**2. Do you expect the above list of assistive technology materials will still be needed by this student next year?  *(DO NOT transfer equipment to another school yourself. Send it back to us!)***

[ ]  Yes [ ] No

**3. Deliver all AT materials (including cables, accessories, etc.) to the Special Services Office at the CAB before you check out at your school for the End Of Year. Materials are your responsibility until returned.**

1. **Do you expect this student to go to Summer School/Extended School this summer? *(Return equipment to the Special Services office so it can be checked out to Summer School/ESY)***

[ ]  No

[ ]  Yes, this student will go to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school this summer.

[ ]  Other:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gretchen Borders

*Assistive Technology*

*Central Administration Building*

*Dept. Special Education*

*3550 Foothill Blvd.*

*Rock Springs, WY 82901*

*307-352-3400 ex 1282*