**PLEASE COMPLETE AND RETURN TO YOUR CHILD’S TEACHER**

**Name of Student: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: 9 Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: Glendale Secondary**

**An iPad is being issued to my child by the Hamilton-Wentworth District School Board.**

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| --- | --- | --- |
| **I AGREE TO THE FOLLOWING:** | | |
| **HOME USE:**   * The device remains the property of the school board and may need to be returned during the school year for maintenance. This often takes place during the summer months and periodically throughout the year. Special arrangements will need to be made if summer use is required. * This device is intended to be used both in school and at home, to help support my child’s learning. My child will be taking the device home and is responsible for bringing their device to school each day, fully charged. * I will be responsible for monitoring my child’s internet use outside of the classroom, to ensure that the HWDSB 21st Century Learning Agreement on acceptable internet access is followed, and that the equipment is used for educational purposes, to help extend the learning in the classroom. * I will be responsible for monitoring and guiding my child to properly handle and care for the device. * In the event of loss, damage or theft, I will notify the main office at the school by phone, email or in person so that my child can receive a temporary replacement device. Situations like this will be dealt with on a case-by-case basis. Repeated instances of damage or loss will result in replacement devices no longer be issued for home use * I am aware that if the device and/or accessories are lost, damaged or stolen, depending on the circumstances, I may be expected to assume the replacement cost for the device or accessories. * The device and any additional accessories (case, charging adaptor, etc.) will be returned in perfect working order. | **Please check off your response (🗹)** | |
| ❑ Yes | ❑ No |
| **TRACKING OUR PROGRESS:**   * My child may complete a computer activity that includes: (1) questions about what students think about their learning, and (2) interactive tasks for students to show how well they can use technology and their ability level across various 21st Century Skills. * HWDSB may use my child’s anonymous EQAO and Report Card data along with the results of their computer activity for program research and also to share it with researchers from from York University, Brock University, Sir Wilfrid Laurier University, Council of Ontario Directors of Education and Curriculum Services Canada. This data will be shared with NO names or other identifiable information * Findings may be reported publically in a general format (for example, presentations at scholarly conferences or education research reports, fact sheets, posters or other display material, interviews or articles). | ❑ Yes | ❑ No |

**Name of Parent/Guardian/Caregiver: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian/Caregiver (or students 18 and over): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**