**AGREEMENT TO PARTICIPATE**

**2016-17 HSA-Alt iPad 1-to-1 Program**

The Assessment Section is pleased to offer the opportunity for teachers/test administrators of the Hawaii State Alternate Assessment to participate in the 2016-17 HSA-Alt iPad 1-to-1 Program. By choosing to participate, you are agreeing to incorporate the use of the iPad into the daily instruction of the student(s) being assigned an iPad. Furthermore, by choosing to participate you are confirming that the student(s) who will be using the iPad meets the following criteria:

1. The student is eligible to take the HSA-Alt during the 2016-17 school year; and
2. The student is able to view an iPad screen and distinguish images displayed on the iPad or a projection of the images displayed on the iPad.

To assure success of the program, you are expected to:

1. use the iPad to administer the HSA-Alt,
2. work with your school office staff to add the iPad(s) to your school’s inventory,
3. work with your school’s technology coordinator to set up the iPad(s), and
4. follow Department of Education rules and procedures for downloading free and school-purchased educational applications on the iPad(s) for classroom instructional use.

Apple is in the process of updating their Volume Purchase Program (VPP) and their Device Enrollment Program (DEP), so the Assessment Section cannot purchase Proloquo2Go at this time. However, the Assessment Section is working to provide the Proloquo2Go App to the schools that request it. The purchase of applications from Apple will be at your own or school’s expense as any additional application purchases are not part of this agreement nor the responsibility of the Assessment Section.

The Assessment Section will not cover any costs associated with the maintenance or replacement of the iPad. It is recommended that your school also install a screen protector and, if you believe it necessary, a protective or waterproof casing.

As a part of the 2016-17 iPad 1-to-1 Program, the iPad will be transferred and inventoried to the participating school. Each iPad will become the property of the school at which the student is enrolled and will follow the student, from grade to grade, as long as the student remains enrolled at that school and meets the participation guidelines for the HSA-Alt. The teacher/test administrator will use the iPad in instruction and the administration of the HSA-Alt.

By signing below you are indicating that you have read and understand the requirements of the 2016-17 HSA-Alt iPad 1-to-1 Program. Complete the information requested on page 2 and return a FAX copy to the Assessment Section at (808) 733-4483.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Print Teacher/TA Name |  | Teacher/TA Signature |  | Date |
|  |  |  |  |  |
| Print Principal Name |  | Principal Signature |  | Date |

**2015-16 HSA-Alt iPad 1-to-1 Program**

**School-Level iPad Information**

In the table below, enter the 10-digit SSID number of each student who will be using the iPad and the iPad serial number.

|  |  |  |  |
| --- | --- | --- | --- |
| School Name: | | | |
| Test Administrator: | | | |
| Student SSID# (10-digit) | | iPad Serial Number | Apple ID |
| (Include ONLY if requesting Proloquo2Go software application for the iPad) |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |

Send a FAX copy of this signed agreement to the Assessment Section at (808) 733-4483.