**Assistive Technology Lab Student Agreement**

\_\_\_\_\_ I understand that I must use my ID card to enter the lab.

\_\_\_\_\_ I have read and understood the AT lab rules.

\_\_\_\_\_ I understand that my access to the lab can be revoked for violation of the lab rules.

\_\_\_\_\_I understand that equipment is limited. I will only continue to use a machine after the period of an hour if there are no students waiting on a machine.

\_\_\_\_\_I will not load personal software on lab computers.

\_\_\_\_\_I understand that the lab is closed during the period a class is scheduled to use the lab.

\_\_\_\_\_I understand that the lab monitor has the right to remove anyone who is causing disruptions to leave the lab.

\_\_\_\_\_ I understand that no one-to-one instruction regarding use of the adaptive technology can be guaranteed. If training greater than what is available in the lab is needed, students should consult the Assistive Technology Specialist for the office of Accessibility Services.

\_\_\_\_\_ I understand that headphones are required while listening to audiobooks or music.

\_\_\_\_\_ I will keep my personal items out of the walkways in the lab.

\_\_\_\_\_I understand that noise is to be kept at a minimum. All phone and personal conversations should be taken out of the lab.

\_\_\_\_\_I understand that the phone is for lab worker use only. Personal calls are not permitted.

\_\_\_\_\_ I have read and understand the [ITS Acceptable Use policy](http://www.westga.edu/its/570_1379.php).

I have read and initialed the above agreement and understand my rights and responsibilities with regard to the use of the Assistive Technology Lab.

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_