

ELECTRONIC TEXT USAGE AGREEMENT

Student Name: _____ Student ID#: _____

Home Address: _____

Home Phone Number: _____ E-mail Address: _____

Under federal copyright law the Chafee Amendment allows authorized education agencies and non-profit organizations to create and distribute alternative formats of non-dramatic copyrighted materials without prior written consent from the copyright holder as long as the alternative formats are for the exclusive use of persons with disabilities.

One type of alternative format is electronic or digital text ("e-text"). E-text is a computer readable electronic file of printed material such as a textbook on a disk or CD.

By signing this agreement the School District/Service Provider agrees to provide the following services:

1. To determine if the student's disability qualifies him or her eligible for use of alternative formats of copyrighted materials.
2. To provide access to available e-text.
3. To provide training in the use of the e-text files and text-reader software. This training will be provided to the parent by: _____.

By signing this agreement, the parent and student agree to the following conditions:

1. Use copyrighted material in alternative e-text format as described in the Individual Education Program (IEP) to provide access to the general curriculum.
2. Agree not to copy or distribute the e-text/digital files we provide to any other person.
3. Copyrighted e-text/digital files will only be used as needed and promptly returned to the school upon course completion or exit/graduation from school.
4. Any installation, any software program and instructional manual copies on loan by the school district is the property of the school district and shall be removed from the parent's computer, if applicable, upon course completion or exit/graduation from school. Original software shall be maintained by the school district after installation and not maintained by the parent unless it is required for the operation of the software program.

By signing, all parties agree to the above conditions and are bound to the Agreement.

Student Signature

School District/Service Provider - Representative
By: Name, Title

Date: _____

Date: _____

Parent Signature

Date: _____

Copy: District Technology Coordinator and District Director of Special Education

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