



Memorandum of Understanding



between _____ (school district) and
Oklahoma ABLE Tech, Oklahoma's Assistive Technology Act Program

This understanding is entered into by above named school district and Oklahoma ABLE Tech, Oklahoma's State Assistive Technology Act Program (hereinafter referred to as ABLE Tech). The term of this understanding shall be school year 2013-2014.

RECITALS: ABLE Tech, in collaboration with the Oklahoma State Department of Education, desires to provide training to LEAs in an effort to empower educators in assessing, identifying and providing appropriate AT devices for students. ABLE Tech and the OSDE wish to provide a multi-year training and technical assistance project to teach educators about the innovative field of assistive technology, accessible instructional materials, accommodation ideas, and universal design for learning to increase educational success and readiness for students with disabilities in all grade levels, including transition age students. The training program will address the Individuals with Disabilities Education Act provisions for FAPE, NIMAS, and the use of assistive technology. The Assistive Technology and Information Services training sessions may include parent participants.

A. Oklahoma ABLE Tech will collaborate with the State Department of Education to provide:

1. Intermediate AT regional trainings at a central or regional location
 - o Three (3) regional training events (districts will choose 1 out of 3) to include multiple sessions including hands-on sessions to promote general AT education
 - o Three (3) one day material development computer lab trainings which encompass support for common core curriculum (districts will choose 1 out of 3)
2. Three (3) distance training events per year
3. Participant pre- and post- surveys; and post- event evaluations to determine additional training needs and to evaluate the successful implantation of training and new skills
4. 6 assignments in Nov, Jan, Feb, March, April, May 2014
5. Website for participants to track MOU activities, resources, and training opportunities
6. A closed email list for exchange of ideas and technical assistance
7. An MOU annual report at end of MOU period to all participants and OSDE
8. Ongoing technical assistance for LEA MOU participants, as needed
9. Certificate of achievement or completion assessed for AT Support team members based on point system

B. School District AT Support Team will provide the following:

10. Contact information and signatures for district AT support team participant(s) (page 2-3). Recommended representatives include grade level personnel for elementary, middle school, and high school; special education teacher(s), assessment staff, speech language pathologist(s), administrator(s), technology coordinator(s)
11. Attendance at one regional training event annually (choose 1 out of 3)
12. Attendance at one material development or hands-on computer lab training (choose 1 out of 3)
13. Attend a minimum of 3 distance learning sessions during the annual MOU period
14. Complete pre- and post- surveys annually to determine training needs and implementation of training content
15. Complete evaluations after each training event

C. ABLE Tech and <LEA> will have an opportunity to annually review the Memorandum of Understanding.

D. Either party may cancel this understanding giving a 30 day prior written notice of intent. IN WITNESS THEREOF, the parties through their duly authorized representatives accept the terms of this understanding.

Linda Jaco, Director of Sponsored Programs
 Brenda Dawes, Program Manager
 Oklahoma ABLE Tech
 Signature _____
 Date _____

Name _____
 Title _____
 District _____
 Signature _____
 Date _____

MOU DISTRICT AT SUPPORT TEAM and CONTACT INFORMATION

Please provide the name and contact information for your school district MOU AT support team (1-5 team members).
Larger districts may use page three to list additional members.

SCHOOL DISTRICT:

PRIMARY CONTACT PERSON

1. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

2. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

3. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

4. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

5. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

**Please return signed MOU by October 28, 2013 by email Brenda.dawes@okstate.edu, mail, or fax to 405-744-2487
For assistance, please call Brenda Dawes at 405-744-5170 or Linda Jaco at 405-744-9864.**

Oklahoma ABLE Tech
Assistive Technology Act Program
Department of Wellness, Oklahoma State University
1514 W. Hall of Fame, Stillwater, OK 74078

Phone: 800.257.1705 or 405.744.9748 • E-mail: abletech@okstate.edu

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PRIMARY CONTACT PERSON

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TEAM MEMBER

3. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

4. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

TEAM MEMBER

5. Name/Title: _____
Address: _____
Phone: _____
Email: _____
Signature _____

**Please return signed MOU by October 28, 2013 by email Brenda.dawes@okstate.edu, mail, or fax to 405-744-2487
For assistance, please call Brenda Dawes at 405-744-5170 or Linda Jaco at 405-744-9864.**

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