

Emergency Connectivity Fund (ECF) Questionnaire

This form is to be completed by the student (or the staff member) that is checking out a device and/or receiving services.

1. Question for check-out of laptops/tablets/Chromebooks, etc.:

Without this district provided laptop/tablet/Chromebook, I would otherwise lack access to a laptop/tablet/Chromebook sufficient to engage in remote learning off campus (check one).

True_____ (I would not have proper access without the school issued device)

False_____ (I already have access to a device sufficient to engage in remote learning)

Student/Staff Member Signature: _____

Printed Name: _____ Date: _____

2. Question for hotspot services (data plans):

Without the district provided hotspot service (data plan), I would otherwise lack access to internet services sufficient to engage in remote learning.

True_____ (I would not have proper access without the school issued services)

False_____ (I already have access to service sufficient to engage in remote learning)

Student/Staff Member Signature: _____

Printed Name: _____ Date: _____