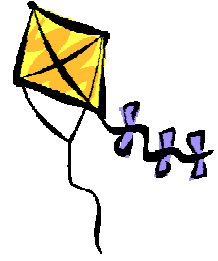


Project KITE:

Kids Included through Technology are Enriched

Parent/Caregiver Application



* = *required*

Parent Information

*Name: _____

*Address: _____

*City: _____ State: MN *Zip: _____

*Phone: (Home) _____ (Work/Cell – *please specify*) _____

E-mail: _____

Are you: African-American Hispanic Hmong Native American
 Asian-American Caucasian Other: Please specify _____

Have you previously applied to participate in Project KITE? yes no

Child Information

*Child's name: _____

*Child's date of birth: _____

Child's cultural background: African-American Hispanic Hmong Native American
 Asian-American Caucasian Other: Please specify _____

*Child's school: _____

*School Location (city): _____

*Child's teacher: _____

*Child's grade/year in school: _____

*Describe child's disability: _____

*Describe child's strengths: _____

Computer and Assistive Technology Information

*Estimate your computer skill level (1 – no experience to 10 – expert): _____

*Do you own a computer? ___Yes ___No
(if yes) ___PC ___Mac

*Does the child use a computer at school? ___Yes ___No

*Do you currently use assistive technology (AT) with the child: ___Yes ___No

If yes, what AT does the child currently use? _____

*What AT would you like to learn more about? _____

*Why do you wish to participate in Project KITE?

By submitting this application you acknowledge that if accepted into Project KITE you will attend the training sessions and work with the team for the benefit of the child.

Signature: _____ Date: _____