



## ECF Device Agreement for Teachers

### TEACHER INFORMATION

School Year of Agreement: 2022-2023

Teacher First Name: \_\_\_\_\_ Teacher Last Name: \_\_\_\_\_

### PROGRAM UNDERSTANDING

This section ensures understanding of the ECF Program. Completing this section will confirm your acceptance of the general program policies.

- I understand this device is the **property of the School Board of Alachua County** and is on loan to me through our school's library/textbook management system.
- I understand that, upon request, the device and power cord may need to be brought back to school for an **inventory check** and will be re-issued to me upon completion.
- I understand the **Internet connectivity** that comes with the device is only **guaranteed for one year**.

\_\_\_\_\_ **Program Understanding Agreement** Initial if you agree to all of the above statements.

### TECHNOLOGY USE

#### Acceptable Uses (Board Policy 7540.04)

- A. Use of electronic resources for school-related purposes and performance of job duties consistent with the District's mission and Goals. When using electronic resources, all users must adhere to the provisions of this policy and the *Code of Ethics* and *Principles of Professional Conduct of the Education Profession in the State of Florida*, F.A.C 6A-10.081
- B. Pursuant to Policy 7544 - *Social Media*, employee's may be permitted to access District-approved social media sites for work purposes

#### Unacceptable Uses

General rules and expectations for professional behavior and communication apply to the use of the District's electronic resources. Employees are required to refrain from actions that are illegal or unkind (such as libel, slander, vandalism, harassment, theft, plagiarism, inappropriate access, personal attacks, invasion of privacy, and/or injurious comment and the like) or any other activity prohibited by District Policy

\_\_\_\_\_ **Technology Use Agreement** Initial if you agree to all of the above statements.

### DEVICE RETURN

If I leave the district, I will be responsible for returning the device.

\_\_\_\_\_ **Device Return** Initial if you agree to all of the above statements.

Teacher Signature \_\_\_\_\_ Date (MM/DD/YYYY): \_\_\_\_\_