

edTPA Equipment Checkout Form

Name: _____ Date Reservation Made: _____

UM ID: _____ Phone # _____

E-Mail: _____

School where equipment will be used: _____

Equipment to be picked up Date: _____ Time: _____

Equipment to be returned Date: _____ Time: _____

Check all that apply	Equipment	Inventory Number
	StarTech iPad Stand	
	JOBY mount (only) for iPad	
	JOBY tripod mount for iPad Mini	
	JOBY tripod mount for iPhone	
	Case/Bag	
	Wireless microphone	
	Tripod	

I, _____, agree that I am responsible for all equipment that is checked out in my name and fully agree to adhere to the Teacher Education Services edTPA equipment check out policies found on the back of this form. I further understand the penalties associated with late, damaged or lost equipment.

Student Signature at check out: _____ Date: _____ Time: _____

TES Staff Signature at check out: _____ Date: _____ Time: _____

Student Signature at check in: _____ Date: _____ Time: _____

TES Staff Signature at check in: _____ Date: _____ Time: _____