

ASVI- Edmonton Equipment Loan Guidelines

About ASVI

The Alberta Society for the Visually Impaired was established in 1971 by a group of parents of children with visual impairments or blindness interested in pooling their resources and expertise to help other parents. At the time, many students were being educated outside of their neighborhood school, often in a residential placement. Resources were scarce and these students lacked the support to excel in school and beyond.

ASVI grew to include the vision strategists and educational assistants involved in the education of students with visual impairments. Together the parents, vision strategists, educational assistants and others work to ensure needed resources are available, providing necessary guidance, expertise and access to specialized materials.

Two chapters were formed, one based in Edmonton, serving the city and surrounding areas up to Red Deer, and another chapter based in Calgary, serving the southern part of the province.

ASVI is a non-profit organization; all of its members, its executive and any committee members are volunteers, and none receive a salary, stipend or honorarium for work given.

ASVI has fundraised, primarily through partnerships with Alberta Department of Gaming, to provide equipment loans for children with visual impairments or their families and educators to provide better access to education and recreation. The equipment must be specific to the needs unique to visual impairments; selection is to be based on the recommendations of properly trained personnel as well as review by the Equipment Committee. The equipment is on loan to the families or individuals, with the understanding that items no longer in use are to be returned in good working order, to be redistributed to others as requests arise.

The following criteria have been carefully established and are considered to be comprehensive as of the date of writing. In the interests of providing ASVI with a means to respond to changing conditions and times, the Executive is empowered to expand these criteria, with cause, on the passing of a two-thirds majority vote at a duly constituted meeting of the Executive.

Should you require assistance with the completion of these forms, or with the selection of appropriate equipment, please contact any member of the ASVI board. See the website (www.asviedmonton.org) for our email list, or telephone ASVI at (780) 453-8345.

- A list of funded equipment can be provided upon request

- Also available (soon): *A Parent Step-by-Step Application Guide*

Criteria for Approval of ASVI Equipment Loans:

Eligibility

1. Applicants must be members of ASVI in good standing.

Considerations

1. Priority will be given to applicants who...
 - (i) are between 0-18 years of age
 - (ii) have not received equipment loans within the last two years
2. Preference will be given to application forms (see Appendix II) that are complete (including adequate documentation from a professional knowledgeable about the specific equipment) and received in a timely manner; incomplete applications will not be considered.
3. Loan applications are subject to approval by the Equipment Committee:
 - (i) The committee will consist of (at least)...
 - a. the president of ASVI or his/her designate
 - b. a parent serving on the Executive
 - c. a previous member of the Equipment Committee
 - (ii) The committee will approve or decline requests based upon...
 - a. determined need for (and appropriateness of) the equipment selected
 - b. number of persons who will benefit from the equipment
 - c. cost and availability of the equipment
 - d. willingness of the applicant to assist with fundraising
 - e. availability of ASVI funds
 - (iii) The committee will review previous approved loans to evaluate if equipment is being utilized and/or requires servicing
4. Successful applications (approved by the Equipment Committee) that cost less than \$500 (including tax and applicable charges) are subject to approval by the Executive.
5. Successful applications that cost more than \$500 are subject to approval by both the Executive and General assembly of ASVI members.
6. Equipment purchased by ASVI will...
 - (i) be identified with markings as being the property of ASVI
 - (ii) have the serial number of the equipment kept on record by ASVI
 - (iii) be on loan to the applicant, understanding that it is to be returned in good condition
 - (iv) be covered under the warranty program (if available) as provided by the manufacturer; after the manufacturer warranty expires, it would be the responsibility of the applicant (not ASVI) to maintain the equipment in good working order, as well as for the purchase of any additional warranty period or maintenance contracts
 - (v) have insurance coverage against fire and theft under the applicant's household policy
 - (vi) be returned to ASVI in good working order, should the applicant no longer use the equipment; equipment may be redistributed to another applicant who is able to use it
 - (vii) require a loan contract (see Appendix II) drawn up between the applicant and ASVI, outlining the conditions as indicated above

Not Funded by ASVI

1. Service agreements, including those initially offered by the retailer and/or manufacturer
2. Any non-warranty repair/servicing required during the use (and return) of the equipment (to ASVI)
3. Equipment not specific to visual impairments (see reference list, Appendix I)

**FORM 1: ALBERTA SOCIETY FOR THE VISUALLY IMPAIRED
EQUIPMENT LOAN APPLICATION FORM**

Applicant Name: _____

Date of Birth: _____

Eye Condition: _____

Parent/Guardian(s): _____

Address: _____

Telephone/Fax # _____

Email address: _____

Grade: _____

School name: _____

School Address: _____

Telephone/Fax # _____

Teacher's name: _____

Teacher Assistant: _____

Consultant/Itinerant: _____

Telephone/Fax # _____

Equipment Requested	For Use At:			Date Provided
	Home	School	Both	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

The information on this application form shall remain confidential, and will not be shared with any other individuals or organization.

FORM 2: PARENT/GUARDIAN(S) QUESTIONNAIRE

1. What visual aids or Braille equipment does your child currently use? Please list all equipment and software with the manufacturer and the model number.

2. Has the child or anyone in the child’s home environment completed the “Mastering Literacy Braille” course?

	Uncontracted (a.k.a. Grade I)	Contracted (a.k.a. Grade II)
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Name _____	<input type="checkbox"/>	<input type="checkbox"/>
Other Courses _____	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

3. Has a technology assessment of the child’s needs been made?

Telephone/Fax #

Assessor’s Name _____

Organization _____

Assessment Date _____

[Please attach a copy of the assessment]

Yes No

4. May ASVI contact the Assessor (if required)?

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5. Has your child received equipment from ASVI or any other provider before (with the exception of a School Board)?

Equipment/Software	Provider	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you, or are you, planning to request equipment from another organization?

Equipment	Provider	Date
_____	_____	_____
_____	_____	_____

7. Has your request been rejected by any other organization?

Equipment	Provider	Date
_____	_____	_____
_____	_____	_____

8. What equipment has the School/School Board provided for at Home or at School?

Equipment	For Use At			Date Provided
	Home	School	Both	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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9. What Equipment have you purchased?

Equipment	For Use At			Date
	Home	School	Both	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

10. Have you discussed your request with the following people?

	Yes	No
Classroom Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Consultant/Itinerant	<input type="checkbox"/>	<input type="checkbox"/>
Principal	<input type="checkbox"/>	<input type="checkbox"/>

11. May the ASVI contact the Teacher, Consultant/Itinerant and/or Principal?

Yes No

12. Would you [the parent/guardian] be willing to participate in fundraising for the requested equipment (example: assist in the ASVI-shared casino)?

Yes No

Parent/Guardian(s) signature

Date

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FORM 3: SCHOOL QUESTIONNAIRE

[This section is to be completed (with the school) *ONLY* if requested equipment is for use at school]

1. Please outline how the applicant's Individual Program Plan directly incorporates the use of (and instruction with) the requested equipment or software:

2. Please outline *how, when, and by whom* the applicant will be trained in the use of the requested equipment at school:

3. If [the trainer named above] does not have an adequate level of proficiency in the use of the requested equipment, how will the school upgrade the trainer's skills?

4. Does the applicant have other disabilities that would limit the applicant's ability to use the requested equipment? If yes, explain:

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5. What portion (approximately) of the student's schoolwork depends on the use of the requested equipment?

In School _____
Homework _____

6. Why is it important that the student/applicant have this equipment?

7. What support is the School currently providing for the student/applicant?

	Number of Hours Per Week
Teacher Assistant	_____
Itinerant Teacher for the Visually Impaired	_____
Consultant for the Visually Impaired	_____
Other _____	_____

8. Do you foresee the level of support changing in the next school year? If so, how?

Date

Date

Date

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