Alberta Society for the Visually Impaired (Edmonton District) Assistive Technology Loan Application

Applicant (student) Information Name DOB (MM/DD/YYYY) Gender Eye Condition (include visual acuity after correction if applicable) Other Diagnoses			
Grade	Braille User	Large Print	
Parent/Guardian Names			
Street Address			
City/Town		Postal Code	
Email			
Telephone (home)	ı	Mobile	
School Information (K-12)			
Name of School			
School Address			
Telephone			
Principal Name			
Primary Teacher Name			
Education Assistant Name			
Vision Consultant / TVI			
Telephone Telephone			
School Information (Post-Secondary)			
Name of School			
Campus			
Program of Studies			

1 revised March 2023

Program Start Date (MM/DD/YYYY)

Eligibility Criteria (check all that apply)

Applicant lives in the ASVI Edmonton Chapter region Membership dues are paid up to date, including lapsed years (note: this must be done prior before ASVI will review the application)

Parent/guardian (or designate has worked an ASVI casino within the last 2 years.

If you answered yes, please provide casino date worked

Applicant has not received equipment loans from ASVI within the last 2 years

The lifetime maximum of \$20,000 in technology provided by ASVI has not been exceeded

Applicant has attempted to access funding through other sources.

If yes, indicate the funding source, what they are paying for and/or reasons for rejection.

Equipment Request Information (Current Needs of Applicant)

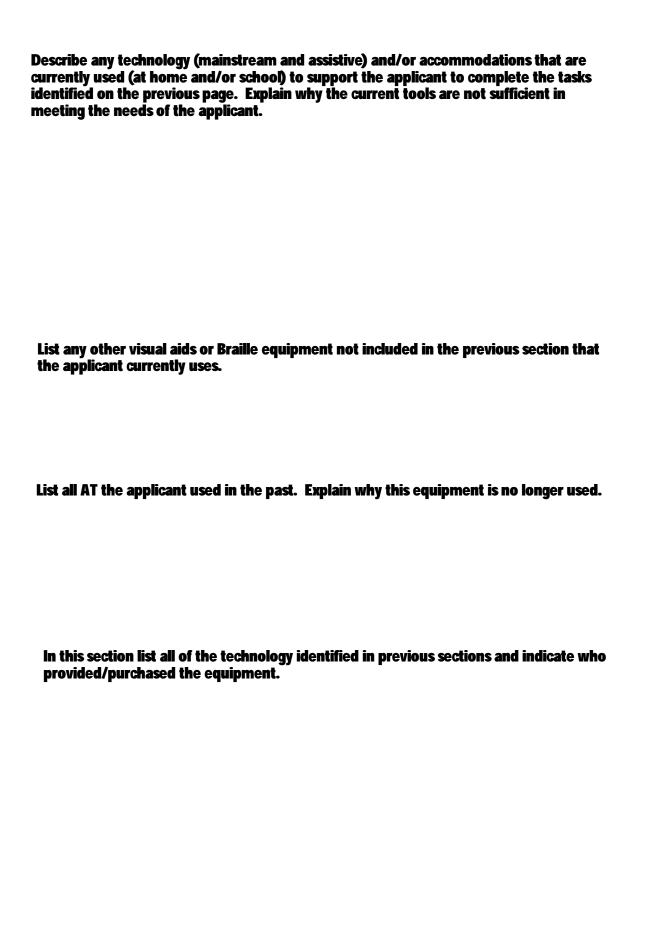
List all equipment being requested in this application, including model, manufacturer and estimated list price.

Where will this equipment be used?

Identify and describe the tasks for which the applicant requires this technology.

What percentage of these tasks depend on the use of the requested technology?

List the key features of the technology that will support the student in being able to to the tasks identified above.



It is recommended that the applicant (student) have a trial period with the requested technology to ensure a good student-technology fit. Please provide details of the trial period below. If the technology was not trialed, please explain how it was determined	Has an assessment of the applicant technology need	ls been made?	Yes	Vo
Organization Date of assessment May we contact the assessor if further information is needed? Yes No Trial Use of AT Summary It is recommended that the applicant (student) have a trial period with the requested technology to ensure a good student-technology fit. Please provide details of the trial period below. If the technology was not trialed, please explain how it was determined that this technology would be the best fit. List the assistive technology trialed. Dates of trial period Summary of Observations Summary of Observations from the trial regarding the impact this technology had on student achievement, attitude, self-esteem, work completed, etc. What is the student able to do with the technology (easier, with less frustration, more independently, in a timelier manner) than without the trialed technology? Student Comments (if appropriate)	Name of assessor			
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• •	Student Comments (if appropriate)			
Name Signature:	Summary of Trial Period Completed By:			
	Name S	ignature:		

Assistive Technology Assessment

Please describe the plan for providing training to this student on how to effectively use the requested technology. Include details about the person(s) responsible for training, methods and timelines.
If the trainer(s) do not possess an adequate level of proficiency in the use of the technology what is the plan to increase their skill/knowledge?
What level of support is currently being provided at home and school for the student's use of technology?
Responsibility and Management of the Assistive Technology Who will be responsible for ensuring the equipment is well maintained and cared for?
If the equipment is to be used at both home and school, what is the plan for transporting the equipment between locations and storing it when not in use?

Training

Signatures

Provide the names of all individuals who assisted in completing this application and	
how their input was obtained (collaboration through discussions, completing parts	of
the application, etc.). Each person who contributed to this application must sign	
below.	

Name	
Relationship to the applicant	
Role in completing the application	
Signature :	
Name	
Relationship to the applicant	
Role in completing the application	
Signature:	
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