

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)

Mobile

School Information (K-12)

Name of School

School Address

Telephone

Principal Name

Primary Teacher Name

Education Assistant Name

Vision Consultant / TVI

Telephone

School Information (Post-Secondary)

Name of School

Campus

Program of Studies

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 do the tasks identified above.

Describe any technology (mainstream and assistive) and/or accommodations that are currently used (at home and/or school) to support the applicant to complete the tasks identified on the previous page. Explain why the current tools are not sufficient in meeting the needs of the applicant.

List any other visual aids or Braille equipment not included in the previous section that the applicant currently uses.

List all AT the applicant used in the past. Explain why this equipment is no longer used.

In this section list all of the technology identified in previous sections and indicate who provided/purchased the equipment.

Assistive Technology Assessment

Has an assessment of the applicant technology needs been made? Yes No

Name of assessor

Telephone

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

Summarize 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)

Summary of Trial Period Completed By:

Name

Signature: _____

Training

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?

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: _____

Name

Relationship to the applicant

Role in completing the application

Signature: _____

Name

Relationship to the applicant

Role in completing the application

Signature: _____