



# Texas School for the Blind and Visually Impaired

A center for educational services for all blind and visually impaired students in Texas

William Daugherty, Superintendent  
1100 W. 45<sup>th</sup> Street Austin, Texas 78756  
(512) 454-8631 Toll-free: (800) TSB-KARE  
www.tsbvi.edu

## Tech Loan Application

Directions: Please complete all information requested on this form. Applications must be completed in full to avoid delays in processing the loan request. Please contact Sharon Nichols, VI Outreach - Technology Loan Program at (512) 206-9342, or [nicholss@tsbvi.edu](mailto:nicholss@tsbvi.edu) if you have questions.

Name of Student: \_\_\_\_\_

School District Name/Number: \_\_\_\_\_ ESC: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Equipment requested: \_\_\_\_\_

Purpose/Statement of need: \_\_\_\_\_

Date equipment is needed: \_\_\_\_\_

Projected end date of loan: \_\_\_\_\_

(May not exceed the end of the school year without prior notice.)

Is onsite technical assistance needed for initial use?      Yes      No

Is onsite technical assistance needed for on-going use?      Yes      No

*(If yes, please complete the Funding Assistance Agreement, page 4)*

Person making request: name, phone number, email and address:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### BOARD OF TRUSTEES:

Parents of Persons with Visual Impairments:  
Mary K. Alexander, Vice-Pres., Valley View  
Caroline Daley, Kingwood  
Lee Sonnenberg, Lubbock

Consumers with Visual Impairments:  
Anne Corn, Austin  
Michael Garrett, Missouri City  
Joseph Muniz, President, Harlingen

Persons Working with the Visually Impaired:  
Bobby Druessedow, Jr., Glen Rose  
Mike Hanley, Leander  
Tobie Wortham, Roysce City

### FAX:

Business Office (512)206-9452  
Central Mail Room (512)206-9450  
Outreach Services (512)206-9320  
Superintendent (512)206-9453  
Admissions (512)206-9148

# Plans for Equipment Loan

## I. Training Plan

1. Plans for initial training for student and/or team - (ex. Wed 1/2 hour session with TVI, ESC will provide consultation, we are requesting TSBVI support, etc.)

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2. Plans for on-going support - (ex. None needed, ESC tech support to provide training on an "as needed" basis, we are requesting TSBVI support, etc.)

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## II. Procurement Plan

1. Describe process for purchase of equipment prior to end of loan period (if applicable):
  
2. Person responsible for procurement:
3. Sources of funding to be explored:
4. Timeline for contacting funding sources:

## III. Technology Evaluation\* (required with completed application)

Attach a technology evaluation\* that includes:

1. A statement of student's current education program
2. Statement of current educational or instructional needs for technology
3. Current level of competency in utilizing recommended equipment
4. Short term and long term technology goals

\* For Active Learning equipment, a Functional Schemes Assessment or an OT/PT report will be sufficient.

## Shipping Address

Please use exact street address. UPS will not deliver to Post Office Boxes.

Agency: \_\_\_\_\_  
Street/PO: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_

## Signatures

Signatures listed below are required.

- I accept responsibility to maintain and keep the equipment in good working condition while it is in our school's possession.
- I understand that the Sponsoring Agency will be responsible for any repair expenses while it is loaned.
- I understand that the TSBVI technology loan program has made technology available for a limited period of time. If the student needs the equipment longer than the loan period we will contact TSBVI and attempt to secure funding for local purchase or other loan sources for this equipment.

\_\_\_\_\_  
**Signature** of Teacher of Students with Visual Impairment (TVI)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed TVI name

\_\_\_\_\_  
**Administrator signature** of Sponsoring Agency (ISD, ESC, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed administrator name

Please fax the completed application to: **TSBVI Outreach Attn: Tech Loan**  
**FAX # 512-206-9320**

# Tech Loan Training Funding Assistance Agreement

(To be completed only when requesting on site technical assistance)

Student: \_\_\_\_\_

District: \_\_\_\_\_

Dear Colleague:

The Outreach Program at the Texas School for the Blind and Visually Impaired is a statewide resource for local programs serving students with visual impairments. We hope that our expertise is helpful in enhancing and improving your services.

Unfortunately, travel costs rise annually but Outreach funds do not. We are therefore asking for your help in partial support for Outreach travel. The Outreach Program covers salary costs for TSBVI staff. If your district/program can pay all or ANY PART of our travel costs, the Outreach Program will be able to maintain its commitment to local programs statewide.

Thank you very much. Truly, every little bit helps. We look forward to working with you!

Sincerely,



Cyral Miller, Director, Outreach Program

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My program will help with TSBVI Outreach technical assistance costs by paying for the items marked below. (Please put a "D" by the items you will direct bill to your program. Put an "R" by items you will reimburse after receiving a TSBVI invoice.)

rental car       airfare       mileage       hotel costs       per diem / meals

Or, I authorize my district / co-op / region to pay up to \_\_\_\_\_ dollars to reimburse TSBVI for providing technical assistance on equipment loaned from TSBVI.

*Note: Contracts and/or checks should be made out to TSBVI, not an individual consultant.*

\_\_\_\_\_  
Signature of supervisory person:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date:

**For TSBVI internal use only:**

Route Date: \_\_\_\_\_

Route to: *Outreach technology/Active Learning consultant* \_\_\_\_\_

Review application, check response and sign below. This form must be returned to the VI Outreach Admin Tech within 3 working days from the routing date.

**Recommendation:**

Approval of entire application: \_\_\_\_\_

Approval of part of this application: \_\_\_\_\_

Disapproval of part of this application (specify reason) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disapproval of this entire application (specify reason) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
TSBVI Outreach Tech/AL Signature

\_\_\_\_\_  
Date