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 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 Druesedow, Jr., Glen Rose
Mike Hanley, Leander
Tobie Wortham, Royse 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.)

   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.)

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
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

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 _____________________