

ASVI - Calgary District Equipment Loan Guidelines



About ASVI

The Alberta Society for the Visually Impaired was established in 1969 by a group of parents of children with visual impairments or blindness. They came together and pooled their resources and expertise in order 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 they needed in order to excel in school and beyond.

ASVI grew to include 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 that the necessary resources are available, as well as provide guidance, expertise and access to adaptive materials and technology for the students.

Two chapters of ASVI were formed, one based in Edmonton which provides for the Northern area of the province, including the city of Edmonton and its surrounding areas up to Red Deer. The other is based out of Calgary, providing to the southern part of the province.

ASVI is a non-profit society. All of the members, executive and committee members, are volunteers, none receive a salary, stipend or honorarium for the work provided.

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

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

NOTE: Funds for the adaptive materials and technologies are extremely limited and submitting the following application along with the ASVI Calgary annual membership does not guarantee the access to funding for equipment.

Should you require any assistance in completing the following forms, and or with the selection of appropriate equipment, please contact admin@asvicalgary.com Be sure to also refer to the website www.asvicalgary.com for further information on available funded equipment and technology.



Criteria of Approval of ASVI Equipment Loans:

Eligibility

Applicant must be a member of ASVI - Calgary (minimum one year) in good standing.

Considerations

- 1.** Priority will be given to those who;
 - a)** Are between the ages of 1-18 years; and
 - b)** Have not received equipment loans within the last two years.

- 2.** Preference will be given to application forms (see forms 1-3) that are complete (including adequate documentation from a professional who is knowledgeable about the specified equipment) and that it is received in a timely manner; incomplete applications will not be considered for funding of equipment.

- 3.** Loan applications are subject to approval by the Equipment Committee:
 - a)** The Committee will consist of (at least):
 - i.)* The president of ASVI - Calgary and or his/her designate;
 - ii.)* A parent serving on the Executive; and
 - iii.)* A previous member of the Equipment Committee.
 - b)** The Committee will approve or decline request based upon:
 - i.)* The determined need for (and appropriateness) of the equipment selected;
 - ii.)* Number of persons who will benefit from the loan of equipment;
 - iii.)* Cost and availability of equipment;
 - iv.)* Willingness of the applicant to assist in fundraising; and
 - v.)* Availability of ASVI funds.
 - c.)** The Committee will review previous approved loans to evaluate if the equipment is being utilized and/or requires servicing.

- 4.** Successful applications (approved by Equipment Committee) that cost less than \$500.00 (including tax and applicable charges) are subject to approval by the Executive.

- 5.** Successful applications that are more than \$500.00 are subject to approval by both the Executive and the General assembly of ASVI members.

6. Equipment provided by ASVI will:
- a) Be identified with markings as being the property of ASVI;
 - b) Have the serial number on the equipment kept on record by ASVI;
 - c) Be provided as a loan to the applicant, with the understanding that it is to be returned in good condition;
 - d) 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;
 - e) Have insurance coverage against fire and theft under the applicant's household policy;
 - f) Be returned to ASVI in good working order should the applicant no longer use the equipment; the equipment will then be redistributed to another applicant who is able to use it; and
 - g) Require a loan contract (see below) drawn up between the applicant and ASVI, which will outline the conditions as indicated above.

Not Funded by ASVI

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

Please print out the following forms and attach all other necessary information and send by mail to ASVI Calgary at 005, 15 Colonel Baker Place NE. Calgary AB T2E 4Z3. Should you require any assistance in completing the forms, and or with the selection of appropriate equipment, please contact admin@asvicalgary.com Be sure to also refer to the website www.asvicalgary.com for further information on available funded equipment and technology.



Alberta Society for the
Visually Impaired
CALGARY DISTRICT
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ALBERTA SOCIETY FOR THE VISUALLY IMPAIRED EQUIPMENT LOAN APPLICATION FORMS

NAME OF APPLICANT _____

DOB(m/d/y) _____ EYE CONDITION _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE(home) _____ TELEPHONE(cell) _____

EMAIL ADDRESS _____

APPLICANT'S AGE _____

PRESENT GRADE LEVEL _____

SCHOOL NAME _____

Please Circle one:

Catholic

Public

Private

SCHOOL ADDRESS _____

SCHOOL TELEPHONE _____ TEACHERS NAME(S) _____

LEGALLY BLIND YES / NO

VISUAL ACUITY (must be provided) _____

CNIB REGISTERED YES / NO

CNIB CLIENT YES / NO

NAME OF VISION STRATEGIST WORKING WITH CHILD (must be provided)

Requested Equipment/Software	For use at:			Date Requested	Cost Estimate (\$)
	Home	School	Both		



PARENT/GUARDIAN(S) QUESTIONNAIRE

1. What visual aides or Braille equipment does your child currently use at home, school, etc? Please list all equipment and software with the manufacturer and model number.

2. Has the child or anyone else in the child’s home environment completed the “Mastering Literacy Braille” course? Yes / No

If yes, please specify in the chart below

Name	Uncontracted (a.k.a. Gr. 1)	Contracted (a.k.a. Gr.11)

Please include below any other courses that have been completed and date of completion.

3. Has a technology assessment of the child’s needs been completed?
 Yes / No If yes, please provide the information on the following page



(Optional but preference will be given to those who have completed)

Assessor's Name: _____

Organization: _____

Assessment Date: _____

(Please include a copy of the Assistive Technology Assessment)

4. May ASVI contact the Assessor (if required)? Yes / No
5. Has your child received equipment from ASVI or any other agency previously (with the exception of the school board)? Yes / No
If yes, please provide the information below.

Equipment/Software	Provider	Date

6. Have you, or are you planning to request equipment/software from any other organization? Yes / No
If yes, please provide the information below.

Equipment/Software	Provider	Date



7. Have you ever been rejected by any other organization for the request of equipment?

8. Has the school board provided any equipment/software for at home and/or at school? Yes / No If yes, please provide information below.

Equipment/Software	For Use At:			Date
	Home	School	Both	

9. Have you purchased equipment/software? Yes / No
If yes, please provide information below.

Equipment/Software	For Use At:			Date
	Home	School	Both	



10. Have you discussed your equipment requests with any person, if so please provide information below.

Position/Title	Name	Phone Number

11. May ASVI contact the Vision Strategist (if needed)? Yes / No

12. We are able to provide this service through the help of volunteers. Please designate who (the parent/guardian/applicant; must be over age of 18), will volunteer at the Casino fundraiser: **(Volunteer hours are mandatory to be approved for technology)**

Name of Volunteer

Phone and/or Email

Name of Volunteer

Phone and/or Email



13. Please summarize the costs of your request:

List all items with exact names and estimate the cost of each item requested

Requested Equipment/Software	Cost Estimate (\$)

TOTAL REQUEST COSTS \$

Please print off all information and attach regarding the device(s) that you are requesting. Please include pictures, prices and descriptions in full detail.

Parent/Guardian(s) Signature **Date**



ASSISTIVE TECHNOLOGY ASSESSMENT

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

1. Do you feel that the piece of equipment and/or software requested is going to be beneficial to the progression of the student's educational success?

2. Please outline how the student/applicant's Individual Program Plan directly incorporates the use of (and instruction with) the requested software:

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

4. 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?

5. Does the student/applicant have any other disabilities that would limit the applicant's ability to use the requested equipment? If yes, please explain:

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

• In School: _____

• Homework: _____

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

Provider	No. of hours per week
Teacher Assistant	
Itinerant for the Visually Impaired	
Consultant for the Visually Impaired	

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

Consultant Signature

Date

Principal Signature

Date

Classroom Teacher Signature

Date

Parent/Guardian(s) Signature

Date

FOR OFFICE USE ONLY:

Date application was received: _____

Membership: YES / NO

Other equipment received from ASVI: _____

Approved by:	Yes	No	Pending	Declined
Board member				
Board member				

Date Application Approved: _____

President's Signature