



**T S B V I**

Bill Daugherty, Superintendent

Texas School for the Blind and Visually Impaired  
1100 W. 45<sup>th</sup> Street      Voice: (512) 454-8631  
Austin, Texas 78756      TDD: (512) 206-9451  
www.tsbvi.edu      Toll-free: (800) TSB-KARE

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

## **Tech Loan Application**

Directions: Please complete all information requested on this form. Applications must be completed in full to avoid any delays in processing the loan request. Procurement plan and technology evaluation must be submitted for approval. If you are in need of assistance in completing the application please contact Sharon Nichols, VI Outreach - Technology Loan Program at (512) 206-9342, or [nicholss@tsbvi.edu](mailto:nicholss@tsbvi.edu)

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 installation?      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, address, phone number, and email address:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

### **BOARD OF TRUSTEES:**

Parents of Persons with Visual Impairments:  
Otilio Galindo, San Angelo  
Jamie Wheeler, North Richland Hills  
Position vacant

Consumers with Visual Impairments:  
Gene Brooks, Austin  
Jesus Bautista, El Paso  
Mary Sue Welch, Dallas

Persons Working with the Visually Impaired:  
Donna Vaden Clopton, Weatherford  
Deborah Louder, San Angelo  
Frankie D. Swift, President, Nacogdoches

### **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

## Required Plans for Equipment Loan

### I. Training Plan

1. Plan for initial training for student - (ex. Wed 1/2 hour session with VI teacher)

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2. Plans for initial training for teacher (if needed) - (ex. training at ESC)

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3. Plans for on-going support -(ex. ESC tech support to provide training on an "as needed" basis)

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### II. Procurement Plan

1. Process for purchase of equipment prior to end of loan period

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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

Shipping address: *(Please use exact address. UPS will not deliver to Post Office Boxes)*

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**All signatures required:**

I accept responsibility to maintain and keep the equipment in good working condition while it is in my/my child's possession.

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Student or teacher signature

Date

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Parent/guardian signature

Date

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 attempt to secure funding for local purchase or other loan sources for this equipment.

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Teacher of the VI signature

Date

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Local ISD/Coop Administrator signature

Date

I understand that the Sponsoring Agency will be responsible for any repair expenses while it is loaned.

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

Date

Printed administrator name and address of Sponsoring agency (if not previously given):

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Please fax the completed application to: **Attn: Sharon fax# 512-206-9320**



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**Tech Loan Training  
Funding Assistance Agreement**  
(to be completed only when requesting 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*

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: \_\_\_\_\_

Name of contact person for reimbursement: \_\_\_\_\_

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

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

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**For TSBVI use only:**

Route Date: \_\_\_\_\_ Route to: Outreach technology 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:

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TSBVI Outreach Tech Signature \_\_\_\_\_ Date \_\_\_\_\_