



**Technology Loan Program for Students with Visual Impairments
and/or Vision Professionals Equipment Request Form**

Loan Procedure Requirements

1. Participation in the loan program requires a current year's **Participation Agreement** form signed by the district's Special Education Administrator.
2. Complete all information on this **Equipment Request Form**.
3. Attach a copy of the Assistive Technology Evaluation report or page(s) of the ARD/IEP Committee report indicating the need for the equipment requested.
4. Provide **signatures of both** VI Professional and VI Supervisor.
5. **Submit Implementation documentation at end of 30 day trial or RETURN equipment.**

Please fill out completely.

Student Information:

Student Name: _____ Grade: _____

District: _____

Campus: _____ Phone: (____) _____

Equipment Information:

Equipment Requested: _____

Request Date: _____ Date Needed: _____

Purpose/Statement of Need: _____

VI Professional Information:

Check this box for VI Professional loan only

Name: _____ E-mail: _____

Home Campus: _____ Campus Address: _____

Campus Phone :(____) _____ Home Phone:(____) _____

Home Address: _____

Signature: _____

Supervisor Information:

VI Program Supervisor Name: _____ E-mail: _____

Supervisor Signature: _____ Phone :(____) _____

Please email or mail completed form to Region 4 ATRC

ASSISTIVE TECHNOLOGY RESOURCE CENTER (ATRC)
Region 4 Education Service Center
7145 West Tidwell Road
Houston, Texas 77092-2096

Phone: 713-744-6339
E-mail: atrcvi@esc4.net