MOBILE ASSISTIVE TECHNOLOGY (MAT) LAB APPLICATION

“Working together to bring the most appropriate and efficient low and high tech assistive technology devices to our blind and low vision students throughout the state of Indiana.”
Dear Parent(s) or Guardian(s):

Schools are now moving at lightning speed into digital technology and digital instructional resources. In response, the Indiana School for the Blind and Visually Impaired (ISBVI) is pairing with Local Educational Agencies (LEA’s) to effectively evaluate and assess students regarding assistive technology and the use of appropriate devices by launching a Mobile Assistive Technology (MAT) Lab.

Through generous donations from ISBVI and our local Lion’s Club, the lab has been stocked with samples of low and high tech assistive technology (AT) devices to most effectively evaluate students for their appropriate AT needs. In addition, there are consultants available to assist local Blind Low Vision (BLV) teachers perform these assessments on any student in the state of Indiana who has been identified and receives special education services as a blind and/or low vision student. There will be a $125.00 charge to the school corporation for this assessment. These assessments can take place on the ISBVI campus or at the student’s local school.

Your child’s BLV teacher has submitted a request to work with ISBVI in getting a MAT Lab assessment completed. We hope this letter serves to answer questions you may have about the assessment. If you have additional questions, please let your BLV know or feel free to contact me.

Tiffany Sanders, Director of Outreach and Related Services  
tsanders@isbvik12.org  
Phone: 317-253-1481 ext. 221  
Fax: 317-259-4945

______________________________________________________________________________

PARENT/ADMINISTRATIVE CONSENT FORM

Parent(s)/Guardian(s): I have read the consent letter and understand the purpose of this program. I give permission for my son or daughter to participate in the MAT Lab program and for the release/exchange of medical/educational information.

Parent/Guardian Signature ___________________________ Date ____________

Local Educational Agency: Assistive technology assessment services from the MAT Lab are requested for the above student. These services include an assistive technology assessment, an assessment report, assistive technology recommendations and follow-up information and assistance in the school/home from MAT Lab consultants. (There is a $125.00 charge/hour portal to portal charged to the school district for a MAT Lab evaluation)

May 2019
MAT LAB APPLICATION

<table>
<thead>
<tr>
<th>Students Name</th>
<th>DOB, Age, Current Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s School</td>
<td>LEA/School District</td>
</tr>
<tr>
<td>Parent/Guardian’s Name (Please Print)</td>
<td>School address for mailings</td>
</tr>
<tr>
<td>Parent/Guardian’s Street Address</td>
<td>School Street Address</td>
</tr>
<tr>
<td>Parent/Guardian’s City, State, Zip</td>
<td>School City, State, Zip</td>
</tr>
<tr>
<td>Parent/Guardian’s Home Phone</td>
<td>School Phone</td>
</tr>
<tr>
<td>Parent/Guardian’s Alternate Phone</td>
<td>BLV/Contact Person’s Name</td>
</tr>
<tr>
<td>Parent/Guardian’s Email</td>
<td>BLV/Contact Person’s Phone</td>
</tr>
</tbody>
</table>

Does the student wear glasses/contacts?  yes □  no □

Does the student currently use an AT Device?  yes □  no □

If so, what devices?  ______________________________________________________

What school or home tasks does the student have most difficulty in visually accessing?

________________________________________________________________________

________________________________________________________________________

What are your specific AT concerns for this student?  _________________________

________________________________________________________________________

May 2019
What AT goal(s) do you have for this student?
________________________________________________________________________
________________________________________________________________________
Are there any allergies and/or health concerns that we should know about?
________________________________________________________________________
________________________________________________________________________
Comments: _____________________________________________________________
________________________________________________________________________

**Assessment Details**

<table>
<thead>
<tr>
<th>Location</th>
<th>Proctor</th>
<th>Type</th>
<th>Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where would you like the assessment to take place?</td>
<td>Who would you like to perform the assessment?</td>
<td>Although there are many AT Assessment formats, we generally utilize either a FVA or FLMA format. Which would be most appropriate for your AT goals(s)?</td>
<td>In looking at your specific AT goals, what kind of device are you looking to have assessed? (Please check one)</td>
</tr>
<tr>
<td>ISBVI Campus (Outreach)</td>
<td>ISBVI Consultant</td>
<td>FVA</td>
<td>Notetaker/Braille Display Brailliant, Braille Note Apex, etc...</td>
</tr>
<tr>
<td>Local School</td>
<td>Local BLV</td>
<td>FLMA</td>
<td>CCTV Visio, Senseview, etc...</td>
</tr>
</tbody>
</table>

Please return the following, for each student who would like to participate.

1. Signed ‘parent/administrative consent’ form
2. MAT Lab Application
3. A current eye report (within the last three years)
4. A copy of a current Functional Vision and/or Literacy Assessment

May 2019
Please return completed applications to:
Indiana School for the Blind and the Visually Impaired
Outreach and Related Services Department
Attention: Pat Hertenstein, Outreach Assistant
7725 N. College Avenue
Indianapolis, IN 46240
Phone: 317-253-1481 ext. 189
Fax: 317-259-4945

As soon as your application is received and processed, you will be contacted to schedule an appointment for the MAT Lab.