



**ASSISTIVE TECHNOLOGY SUPPLEMENTAL FUNDING GRANT  
OFFICE OF SPECIAL PROGRAMS,  
WEST VIRGINIA DEPARTMENT OF EDUCATION  
2016-2017**

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The intent of this supplemental funding is to provide a resource for county school districts when the district encounters an **unanticipated** costly assistive technology device and/or service for a specific student with a disability and other funding sources are not available. Priorities for disbursement of this funding are:

- *Newly identified students or students who have moved into the district with costly assistive technology needs as determined by an IEP Team; not students who have previously been identified and should have been receiving assistive technology devices and/or services as indicated on their IEPs. (See Section I)*
- *Assisting the districts in meeting the general summative technology requirements in Ela and math for students who are blind/low vision with braille as their primary reading medium. This is for students in grades 3 – 12. (See Section II)*
- *Assistive technology devices no longer in use by the student or other student in district will be made available to other districts for use.*

### **Section I**

Reimbursement for assistive technology devices and/or services is contingent upon an approved application with corresponding required documentation and funding availability. County school districts are required to ensure that assistive technology services and/or devices are provided for a student with a disability if required as part of that student's Individualized Education Program (IEP) regardless of any funding opportunities from the Office of Special Education. It is the responsibility of the county school district to purchase the assistive technology device and/or service immediately after deciding to place and serve a transfer student or after convening an IEP Team meeting for a transfer or newly identified student.

The application for an individual student must:

- provide student specific information;
- identify the student's specific assistive technology need(s);
- include a copy of the student's IEP that documents the need for the assistive technology services and/or devices;
- include an invoice(s) for the assistive technology device(s) or service(s); and
- include specific Assurance Statements signed by the county superintendent and the special education director.

Please note that requests from districts who have expired state and/or federal grant awards with unencumbered amounts and/or who have been required to return unencumbered special education funds are **not** eligible to apply for these supplemental funds.

## Section II

This section of the application is available for reimbursement to districts for the unanticipated costs related to Text-to-Braille required for participation in the general summative assessment in Ela and math. It is the responsibility of the county school district to purchase the assistive technology devices. Specifically, this section provides reimbursement for:

- Refreshable Braille Device (40 character minimum); and,
- Tiger Max Embosser and ViewPlus Desktop Embosser Driver.  
(<http://www.viewplus.com/products/braille-printers/desktop-braille-printers/>)

The application for an individual student must:

- include a copy of the student's IEP that documents braille as the primary reading medium of the student in grade 3 or higher and that the student will be participating in the general assessment;
- include an invoice(s) for the assistive technology device(s); and,
- include specific Assurance Statements signed by the county superintendent and the special education director. Assurance include that the district:
  - will assume responsibility for JAWS Screen Reader version 17;
  - will assume responsibility for Duxbury Braille Translator 11.1 SR 4 or above;
  - will assume responsibility for Noise Cancelling headset (if appropriate); and
  - agrees to release these devices if no longer required by any student in the district.

Applications should be mailed to:

Lee Ann Brammer, Office of Special Education  
1900 Kanawha Boulevard East  
Building 6, Room 717  
Charleston, West Virginia 25305

For additional information contact Annette Carey, Office of Special Education, (304) 558-2696 or 304-908-5415 (VP) or email: [lbrammer@k12.wv.us](mailto:lbrammer@k12.wv.us).

***Note: In an effort to establish a statewide AT lending library, districts may be asked to release AT devices no longer needed. Special education directors will be contacted periodically to determine availability of devices.***

**APPLICATION FOR SUPPLEMENTAL FUNDING TO PROVIDE  
ASSISTIVE TECHNOLOGY FOR STUDENTS WITH DISABILITIES  
2016-2017**

The applicant designated below hereby applies for federal discretionary funds to meet the special education and related service needs of students with disabilities as set forth in this application.

**SUBMISSION INFORMATION**

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**A. APPLICANT INFORMATION**

1. Name of School District: \_\_\_\_\_

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**B. STUDENT SPECIFIC INFORMATION**

1. The application is for an individual student. Please provide the student's name, age and specific assistive technology needs.

Student Name \_\_\_\_\_ Age \_\_\_\_\_

Assistive Technology Needs \_\_\_\_\_

2. Please provide justification for **unanticipated** need: \_\_\_\_\_  
\_\_\_\_\_

3. Attach a copy of the student's Individualized Education Program (IEP) that documents the need for the assistive technology service(s) and/or device(s).

4. Attach a copy of the invoice(s) for the purchased assistive technology device(s) and/or service(s) or which reimbursement is requested.

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**C. ASSURANCE STATEMENTS**

We, the undersigned, have reviewed this application and hereby certify:

1. The information contained herein is complete and accurate to the best of our knowledge.
2. The funds will be used solely for the activities described in this application, or as amended.
3. There are no other district funds available to meet the assistive technology needs of this student; or, this district has a student or students that require the Text-to-Braille accommodation on the general summative assessment.

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Special Education Director Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Amount Requested \$** \_\_\_\_\_