



**Access & Inclusion Model (AIM)
DES Visiting Teacher
AIM Level 5 Capital Recommendation Template**

**Recommendation for Assistive Technology Equipment to Support a child who is
Blind/Visually Impaired or Deaf/Hard of Hearing in a Pre-School Setting**

<u>DETAILS of CHILD</u>						
Name of child				Gender	M	F
Home address of child						
Date of Birth		Date enrolled in pre-school				
<u>PRE-SCHOOL DETAILS</u>						
Name of Pre-School						
Address of Pre-School						
DCYA Reference (if known)						
Category of Disability applicable						
Deaf/Hard of Hearing					<input type="checkbox"/>	
Blind/Visually Impaired					<input type="checkbox"/>	
<u>APPLICATION DETAILS</u>						
Details of the Equipment recommended as necessary and critical to enabling the participation of the child in the ECCE programme in the pre-school setting:						
Details of why the recommended Equipment is necessary and critical to enabling the participation of the child in the ECCE						

<p>programme in the pre-school setting, and how the equipment will be used during the day:</p> <p>Outline why, without such supports, the child would not be able to participate, or be meaningfully included, in the pre-school setting.</p>		
<p>Is it clear that existing equipment is not already available in the pre-school setting or capable of being transferred to and used in the pre-school setting:</p>	<u>Yes</u>	
	<u>No</u>	
<p>Visiting Teacher Details</p>		
Name:		
Title/Position:		
Email Address:		
Contact Number:		
Signed (Visiting Teacher)		
Date:		

Please note:

- *A member of the Pobal AIM Team will contact you via email to confirm that any equipment recommended by you has been ordered and the expected date of delivery to the pre-school setting*
- *A member of the Pobal AIM Team may contact you if further clarification is required as part of the appraisal or procurement of any equipment recommended by you.*
- *The procurement and maintenance of aids and appliances under AIM will be the responsibility of Pobal on behalf of the DCYA.*