



SOUTHWEST SELPA

LOW INCIDENCE EQUIPMENT/MATERIALS REQUISITION FORM

New Order
 Request for Reimbursement

Date: _____

Student Information:

Name: _____ Date of Birth: _____

School: _____ District of Residence: _____

Student Disability:

Hard of Hearing

Deaf/Blind

Deaf

Visually Impaired

Orthopedically Impaired

Requestors Section:

Name: _____ Title: _____

School: _____ District of Service _____

Required Documents: The following documentation is required for approval:

Student Information IEP cover page

Special Factors page

Goals (if support is academic)

Signature page (documenting parent consent)

Assessment report documenting an assessed need for specialized equipment (if appropriate)*

Picture of equipment (if appropriate)*

Quote from vendor (if available)*

*Preferred

Item Description (Please order equipment from the following vendor/company)

Vendor/Company Name: _____

Contact Name: _____

Phone # _____

Fax # _____

Quantity	Model #	Description of Equipment	Price
		Subtotal	
		Tax (10.25 %)	
		Shipping Cost (10%)	
		Grand Total	

Rationale: (if not provided in notes of IEP)

Special Education Director Approval

Print Name: _____ Signature: _____

Please email completed packet to:
lowincidence@swselpa.org

Low Incidence Committee Action

Date _____

Approved _____ Denied _____ Returned for further detail _____

SW SELPA Administrative Signature _____