



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 |
|----------|---------|--------------------------|-------|
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Subtotal | |
| | | Tax (9 %) | |
| | | 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 _____