SOUTH EAST SELPA

LOW INCIDENCE EQUIPMENT / MATERIALS REQUISITION FORM

(Incomplete forms cannot be processed and will be returned)

Request Date _____ Requesting District _____   SELPA Code **4311**

Requested by _____   Phone _____   Email _____

Delivery Contact _____   Phone _____   Email _____

LI Received Date _____   LI Received by _____

1. Student Name _____ **Attending School** _____ **District of Service** _____
Low Incidence Disability: ☐ Hard of Hearing ☐ Deaf ☐ Deaf/Blind ☐ Visually Impaired ☐ Orthopedically Impaired

2. Student Name _____ **Attending School** _____ **District of Service** _____
Low Incidence Disability: ☐ Hard of Hearing ☐ Deaf ☐ Deaf/Blind ☐ Visually Impaired ☐ Orthopedically Impaired

3. Student Name _____ **Attending School** _____ **District of Service** _____
Low Incidence Disability: ☐ Hard of Hearing ☐ Deaf ☐ Deaf/Blind ☐ Visually Impaired ☐ Orthopedically Impaired

Indicate which of the following resources were consulted prior to completing this request:
☐ Assistive Technology Specialist   ☐ Speech/Language Pathologist   ☐ CCS
☐ Vision Specialist   ☐ Speech / Language Pathologist   ☐ Other _____

ITEM(S) REQUESTED (Include detailed ordering information):

Qty.	Model/Part Number	Description	Cost Each	Total Cost
1. ____	_____	_____	_____	_____
2. ____	_____	_____	_____	_____
3. ____	_____	_____	_____	_____
4. ____	_____	_____	_____	_____

Attach additional page if necessary for additional student names & Items

Sales Tax $ _____
Shipping $ _____
Total Cost $ _____

VENDOR
Name _____   Phone _____ Fax _____

Address _____   City, State Zip _____

Representative _____   Website _____

DESCRIBE NEED: (Please attach report and current IEP that indicate the need for low incidence materials/equipment)

_____   _____
District Administrator Signature   Date

Low Incidence Action

Date _____   Approved _____   Denied _____   Returned for further detail _____

SELPA Director Signature _____

After obtaining required district administrator approval, email request and necessary documents to selpa_lowincidence@mpesd.org
Questions - Telephone: 408.223.3773   Fax: 408.532.9311

Rev. July 1, 2014