A PROGRAM ADMINISTERED BY THE OFFICE OF MARY C. BARLOW
Kern County Superintendent of Schools

LOW INCIDENCE EQUIPMENT FUNDS REQUEST

Date of Request: ____________________

Student: ______________________________ Date of Birth: ____________________

District of Residence: ______________________________ School: ____________________

Amount of time in Special Eduction: ______________

Program operated by: [ ] District [ ] KCSOS

Qualifying Disability: [ ] Deaf [ ] Blind [ ] Deaf/Blind [ ] Severe Orthopedic Disability

Last IEP: ____________ (Attach full copy that includes goals for use of this equipment)

<u>Equipment needed</u> (include title, model#, size, etc.) (include only one item per request)	<u>Rationale specific to student/equipment</u>

Assessment Report attached? [ ] Yes [ ] No

Equipment is: [ ] new [ ] replacement equipment for this student
If replacement, status of current equipment? ______________________________

Vendor Name/Address/Phone (Identify only one vendor on each request.)

Reassignment items: [ ] Yes [ ] No (Do not attach purchase orders.)

[ ] Estimated Total Cost ____________ [ ] No Cost - Available from ____________________

Person completing request ______________________________ Date ______________

Coordinator approval ______________________________ Date ______________

Director's Review ______________________________ Date ______________

Date received by SELPA ____________________ [ ] Approved [ ] Not Approved

[ ] Returned for more information [ ] Other ______________________________

SELPA Director Signature ______________________________ *Date* ______________

Date ordered: ____________ Date item received: ____________ Delivered to: ____________

Return to: Julianna Gaines, Executive Director
Kern County Consortium SELPA
1300 17th Street - CITY CENTER
Bakersfield, CA 93301-4533