

PARK RAPIDS AREA SCHOOLS ISD #309

PO# _____
(District Office will assign)

SPECIAL EDUCATION QUESTIONS REGARDING ALLOWABLE, NECESSARY AND REASONABLE PURCHASE.

TO BE COMPLETED WITH AN ON-LINE ORDER REQUEST ON SMART ER

1. IN THE ABSENCE OF SPECIAL EDUCATION NEEDS, WOULD THIS COST EXIST? _____
2. IS THIS COST ALSO GENERATED BY STUDENTS WITHOUT DISABILITIES? _____
3. IF IT IS A CHILD-SPECIFIC SERVICE, IS THE SERVICE DOCUMENTED IN THE STUDENT'S IEP? _____ MARSS# _____
(If yes, enter MARRS numbers(s) (If applicable))
4. WILL THIS ITEM, SERVICE OR PROJECT EXPAND AND ENHANCE THE DIRECT INSTRUCTION OF STUDENTS WITH DISABILITIES? _____

VENDOR NAME: _____

DATE _____

DESCRIPTION OF ITEMS REQUESTING: _____

REASON FOR REQUEST: _____

BUILDING: _____

TEACHER'S NAME: _____

*** PLEASE COMPLETE THIS FORM AND SEND TO THE DISTRICT OFFICE TO BE ATTACHED TO THE PURCHASE ORDER GENERATED FROM YOUR ON-LINE ORDER REQUEST, TO MEET STATE AND FEDERAL REQUIREMENTS.***

*** FEDERAL GUIDELINES REQUIRE THE PACKING SLIP BE ATTACHED TO THE INVOICE FOR PAYMENT***

(IF NO PACKING SLIP IS INCLUDED WITH SHIPMENT, INDICATE THIS ON THE COPY OF THE PURCHASE ORDER WHEN RETURNED.)