

For Office Use Only  
P.O.# \_\_\_\_\_



## WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

### REQUEST FOR LOW INCIDENCE EQUIPMENT AND/OR MATERIALS

Low incidence funds are available for necessary equipment and/or materials prescribed in the IEP to enable a student with a low incidence disability to progress toward educational objectives listed in the IEP. The equipment and/or materials requested must be written on the IEP to document the need for Low Incidence Funds.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Low Incidence Disability: \_\_\_\_\_

Current School/Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

Person Requesting Equipment/Materials: \_\_\_\_\_

1. List the requested items: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List the student's educational needs that require specialized equipment and/or materials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe how these items differ from those normally provided for students in the classroom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe how these items will meet the educational needs prescribed in the IEP: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has other equipment/materials been ordered for this student with low incidence funds? If so, please list to the best of your knowledge: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by Program Manager: \_\_\_\_\_  
Signature Date

**NOTE:** Please attach this form to the purchase order.

SpEd: ReqLowIncidEquip/Mat 7/04