



**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

TRANSFER OF STUDENT EQUIPMENT/SUPPLIES

Directions to Teachers: Please complete requested information regarding student equipment/supplies to be transferred from your classroom or school.

Teacher: _____ School: _____ Room: _____

Student: _____ Class: _____

1. Transfer the following Equipment/Supplies listed below to _____ School:

2. Date Equipment/Supplies are needed: _____

3. Other Comments: _____

This Section is to be completed by the Special Education Program Manager after Transfer of Student Equipment Form has been received and the equipment/supplies transfer has been accomplished.

Date Form Received: _____ By: Program Manager _____

Upon receipt of the Transfer of Equipment/Supplies Form, the Special Education Program Manager will contact the school/teacher to confirm arrangements and details of the equipment/supplies transfer.

List name of person who will transfer equipment: _____

List date and time transfer will occur: _____
Date Time

Receiving School Person's Signature: _____
Signature certifies receipt of the items listed in #1 above. Date

Special Education Program Manager: _____
Signature certifies equipment/supplies transfer completion. Date

Distribution: • White – Sp.Ed. File • Green – Sp.Ed. Program Mgr • Yellow – Teacher • Pink – Receiving School
• Goldenrod – Completed Form to Equipment/Supplies Transfer Manager