

# SOUTH EAST SELPA LOW INCIDENCE EQUIPMENT / MATERIALS REQUISITION FORM

(Incomplete forms cannot be processed and will be returned.)

Request Date: \_\_\_\_\_ District of SPED  
 Accountability (DSEA): \_\_\_\_\_ SELPA Code **4311**  
 Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Delivery Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**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  
 Audiologist     DHOH Teacher     OT     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 and items.*

	Sub Total	\$ _____
	Sales Tax	\$ _____
	Shipping	\$ _____
	<b>Total Cost</b>	<b>\$ _____</b>

Quote #: \_\_\_\_\_ *Please attach quote to the Low Incidence Request.*  
*Requests without a vendor quote cannot be processed.*

**VENDOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**DESCRIBE NEED:** (Please attach report and current IEP documents 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](mailto:selpa_lowincidence@mpesd.org)