

SOUTH EAST SELPA

RETURN/TRANSFER OF LOW INCIDENCE EQUIPMENT/MATERIALS

Date: _____

This form is being completed by: _____

Person returning or transferring items: _____

Name of Student: _____ Date of Birth: _____

Description of items(s) to be transferred/or no longer needed per the IEP:

Make/Model: _____ Serial Number: _____ Asset Tag: _____

Make/Model: _____ Serial Number: _____ Asset Tag: _____

Make/Model: _____ Serial Number: _____ Asset Tag: _____

Make/Model: _____ Serial Number: _____ Asset Tag: _____

The low incidence equipment and/or materials listed are no longer needed by this student and are being returned to SE SELPA.

The low incidence equipment and/or materials are no longer needed by this student and it is requested that they be reassigned to _____ (*Enclosed is a copy of Low Incidence Request and required support documents*).

The student has moved to another school district in Santa Clara County and the low incidence equipment and/or materials has been transferred.

Date Equipment Sent: _____

Name of School District: _____ School: _____

Director of Special Education: _____ Email: _____

Comments:

For SELPA Use Only:

Date: Transfer Notice Received: _____ Date System Updated: _____