ATTACHMENT D

<u>Requ</u>	JEST FOR LOW	INCIDENCE	<b>EQUIPMENT</b>	OR MATERIAL	<u>.S</u>
Date:	Provider Name:				
Name of School:			L	ocation Code:	
Student Name:		DOB:			
For Independent Ch Administrator Name Provider Email Ad			istrator Signature: _		
Eligibility per IEP:	□ DEA □ MD-H	□ DBL □ MD-O	□ HOH □ MD-V	□ OI □ VI	
b. Assess c. Picture/	ges (Dated:): (* $\Box$ 1 – Student inf $\Box$ 3 – Present lev specialized $\Box$ 4 – Eligibility – $\Box$ 5 – Goals – If s $\Box$ FAPE Page 1 – $\Box$ 10 - Parent Sig ment report, if appropry photo of equipment. From vendor. (If $\geq$ \$3,	<sup>4</sup> If order is delay formation cover els of performan d equipment - Including LI E support is acade - LI Support doo nature for IEP coriate, document (if appropriate) 500, 3 quotes re	page nce (PLP) documen digibility mic cumentation consent ting an assessed nee quired. If <\$3,500,	ting assessed need ed for specialized ed 1 quote required)	for quipment.
		Office Use	e Only		
☐ goals/objec ☐ incomplete ☐ assessmen		no ass ate use of specia  opropriate discip	alized equipment pline; needs evaluat		Date
NOTES:					