



**LOS ANGELES UNIFIED SCHOOL DISTRICT
BULLETIN**

ATTACHMENT D

REQUEST FOR LOW INCIDENCE EQUIPMENT OR MATERIALS

Date: _____ Provider Name: _____

Name of School: _____ Location Code: _____

Student Name _____ DOB: _____

For Independent Charters Only:

Administrator Name: _____ Administrator Signature: _____

Provider Email Address: _____

- Eligibility per IEP: **DEA** **DBL** **HOH** **OI**
 MD-H **MD-O** **MD-V** **VI**

For new equipment orders, the following documentation is required for approval (highlight justification for equipment on PLP, Goal(s), FAPE 1 LI Eligibility):

- a. IEP pages (Dated:_____): (*If order is delayed, please indicate reason in "Notes" section below)
 - 1 – Student information cover page
 - 3 – Present levels of performance (PLP) documenting assessed need for specialized equipment
 - 4 – Eligibility - Including LI Eligibility
 - 5 – Goals – If support is academic
 - FAPE Page 1 – LI Support documentation
 - 10 - Parent Signature for IEP consent
- b. Assessment report, if appropriate, documenting an assessed need for specialized equipment.
- c. Picture/photo of equipment. (if appropriate)
- d. Quote from vendor. (If ≥\$3,000, 3 quotes required. If <\$3,000, 1 quote required)

NOTE: Please complete one form for each vendor/company; can attach to single copy of IEP for each student

Office Use Only

<input type="checkbox"/>	Approved by:	_____	_____
		Signature	Date
<input type="checkbox"/>	Not Approved:		
<input type="checkbox"/>	not LI eligible	<input type="checkbox"/>	LI eligibility not indicated
<input type="checkbox"/>	incomplete IEP documentation	<input type="checkbox"/>	no assessment
<input type="checkbox"/>	goals/objective do not incorporate use of specialized equipment		
<input type="checkbox"/>	incomplete assessment; needs _____		
<input type="checkbox"/>	assessment not completed by appropriate discipline; needs evaluation by _____		
<input type="checkbox"/>	ordering information is incomplete; needs _____		
Comments:			

NOTES: