



AMITYVILLE UNION FREE SCHOOL DISTRICT
OFFICE OF PUPIL PERSONNEL SERVICES

EQUIPMENT & SUPPLY REQUEST FORM

Effective - October 2013

PLEASE SUBMIT THIS INFORMATION IF REQUEST BEING MADE FOR AN INDIVIDUAL STUDENT

Student's Name: _____ **Date of Birth:** _____

Classroom Teacher: _____ **Grade:** _____

PLEASE SUBMIT THIS INFORMATION FOR ALL REQUESTS

School: _____ **Date:** _____

Referring Person/Title/Signature: _____

PROCEDURE:

A. Please use this form for the following reasons:

1. Standardized tests necessary for assessing students with disabilities for initial eligibility and/or triennial reevaluation.
2. Supplies or equipment necessary for students with disabilities to achieve their IEP goals.
3. Adaptive supplies or equipment that will enable to participate fully in their special education program or related service.

B. Requests for basic classroom supplies should be made to your building principal.

C. Requests for furniture and technology should also be made to your building principal.

D. Please make every effort to submit three (3) quotes with the request form.

E. Give signed copy to your building special education coordinator or psychologist, who will then forward this request to Joan Ahl in Pupil Personnel Services.

SUPPLY OR EQUIPMENT REQUESTED:

(Please provide an overall description of the supply or equipment requested. If your request involves multiple items, these can be submitted as an attachment)

REASON SUPPLY OR EQUIPMENT REQUESTED:

(Please provide a brief rationale as to the need for the supply or equipment)

For PPS Office Use Only

Order Placed/Vendor: _____ Date: _____

Order Delivered/Distributed: _____ Date: _____