

SCHOOL DISTRICT: _____

ISD#: _____

SPECIAL EDUCATION REQUISITION FORM



Directions: Complete this form for all special education purchases. Incomplete forms will not be accepted. Only items required for special education purposes should be listed on this requisition. Please attach the completed document to the purchase order when paying.

Special Education Eligibility and Necessity Determination Questions:

Please explain why the item(s) requested are necessary: _____

Student Materials

Please choose YES or NO below:

- 1. Will the materials be used directly by or with students with disabilities? YES NO
- 2. Are the materials in addition to those provided the same students in the mainstream? For example, the district provides basic textbooks, computers, and other equipment and supplies for all students. Similar materials are not eligible for special education reimbursement when provided to students with disabilities regardless of setting. YES NO
OR
 Does the student with a disability require materials specially adapted for the disability in order for the student to benefit from the special education program? For example: Braille tests would be eligible while a basic print text at a different grade level is NOT an adapted text.
- 3. Will students with disabilities be the **primary** and **priority** users of the materials? YES NO
- 4. Are the materials documented in the IEP OR are they essential to the special education program? Enter MARSS # _____ YES NO

If you answered yes to questions 1-4, the supplies and materials are eligible special education expenditures.

Teacher Materials

Will the teacher's manuals and materials be **supplemental** to the general education curriculum? YES NO

If you answered yes to this question, the supplies and materials are eligible special education expenditures

Instructional or Non-Instructional Supplies and Materials

Are the materials specifically instructional in nature? YES NO

If you answered yes, the supplies and materials should be coded to object 433 (Instructional Supplies) or 556 (Equipment for Instruction).

If you answered no, the supplies and materials are eligible to be coded to the special education program.

Please code to object 401 (Office Supplies) or 530 (Equipment for Office Supervision/Mgmt.)

Person Submitting Request: _____

Name of Staff Member

Title of Staff Person

Date

Complete the requisition form on the reverse side and route to your supervisor.

Item Number	Quantity	Cost	Item Description	Vendor/Website	Disability Area*	Comment

**401-Speech, 402-DCD Mild to Moderate, 403-DCD Severe to Profound, 404-Physically Impaired, 405-DHOH, 406-Visually Impaired, 407-SLD, 408-EBD, 409-Deaf/Blind, 410-Other Health, 411-ASD, 412-Developmentally Delayed, 414-Traumatic Brain Injury, 416-Severely Multiply Impaired, 420-3 or more Disabilites*

Two quotes must be attached for any Item exceeding \$3,500. Quote could include a screen capture from websites or a written estimate.

I verify that this purchase meets the requirements for state and federal funding formula P.L.108-446, Section 613 (a)(2)(i), Minn. Statute 125A.75, subd. 4

Supervisor Signature Date