

# TECHNOLOGY EQUIPMENT REQUEST FORM

Required: Fill out form in full and attach only one page of additional information before turning into the Technology Team

Date: \_\_\_\_\_ Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

School: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

### Description of Education Program/Services

Occupational Therapy  Physical Therapy  Speech

Other: \_\_\_\_\_

### IEP Goal & State Standard

### Equipment Requested-Attach Picture

Where will the equipment be located?

Staff Member Responsible for Inventory

Will training be required for equipment use?

Name of staff member who needs training?

Yes  No

Equipment requested for current year

Equipment Available from Tri-County Library

Yes  No

Yes  No  Purchase Cost

### Ordering Information

Name \_\_\_\_\_

Catalog Number \_\_\_\_\_

Address \_\_\_\_\_

Page \_\_\_\_\_

City \_\_\_\_\_

Price \_\_\_\_\_

State \_\_\_\_\_

Shipping \_\_\_\_\_

Zip \_\_\_\_\_

Total \_\_\_\_\_

Phone \_\_\_\_\_

Vendor Web Site \_\_\_\_\_

Fax \_\_\_\_\_

### Building Team Member Signatures

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved for purchase by the Tri-County Technology Team:

Yes  No

Need more information: Yes  No

Explanation: