ADAPTIVE EQUIPMENT REQUEST

Department of Career Education

Special Populations Division

PROPOSAL FOR FUNDING REQUESTED:

\_\_\_\_ Equipment \_\_\_\_ Other

|  |
| --- |
| **Please follow the guidelines carefully, addressing each required item completely and accurately.****Completed proposals must be submitted to:**Shannon L. Buckner, Special Populations Program ManagerArkansas Department of Career EducationThree Capitol MallLittle Rock, AR 72201Phone: (501) 682-5056**OR**Completed proposals can be scanned and emailed to:**shannon.buckner@arkansas.gov** |

ADAPTIVE EQUIPMENT REQUEST

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| --- | --- |
|  |  |
| SCHOOL DISTRICT | SECONDARY CENTER NAME(If applicable) |
|  |  |  |
| SCHOOL NAME | LEA NUMBER (Must be 7 digits) | EDUCATIONAL COOP |

SCHOOL ADDRESS:

|  |  |  |
| --- | --- | --- |
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|  |

PROPOSED STARTING DATE (mm/dd/yy) GRANT YEAR

|  |  |  |
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|  |  |  |
| **Printed Name of Primary Contact** | **Phone #** | **E-mail Address** |

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| **A. STATEMENT OF ASSURANCE** |

 commits to the Arkansas Department of Career Education (as evidenced by the signature below, the following assurances:

* All guidelines, as outlined in the most recent *AR Dept. of Career Education Program Policies and Procedures Manual*, will be followed.
* Student enrollment data is accurate as of the date of the proposal.
* All equipment will be used for the purposes as described below.
* All information presented in this proposal is accurate.

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|  |  |       |
| Signature of Superintendent |  | Date |
|       |
| Printed Name of Superintendent |

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| **B. Purpose of Adaptive Equipment** |

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| Summary of how equipment will be used: |

Please list the following information and attach to this proposal for adaptive equipment.

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| **C. REQUIRED INFORMATION** |

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| **DOCUMENT** | **DESCRIPTION** |
| Educational Consultant Evaluation |  |
| Requested Equipment Cost/Invoice |  |
| District Request |  |
| Current Classroom Equipment List |  |
| Other Documentation (if available) |  |
| Equipment Requested |  |
| Equipment Requested |  |
| Equipment Requested |  |
| Equipment Requested |  |
| Equipment Requested |  |

**Estimated Total Cost Requested for Adaptive Equipment: $**

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| **D. STUDENT ENROLLMENT PROJECTIONS** |

 **(2018-19** **School Year)**

FIRST SEMESTER

|  |  |  |
| --- | --- | --- |
| **Period** | Name of Course | **Grades** |
| **7** | **8** | **9** | **10** | **11** | **12** | **TOTAL** |
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| **TOTALS** |       |       |       |       |       |       |       |

SECOND SEMESTER

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| **Period** | Name of Course | **Grades** |
| **7** | **8** | **9** | **10** | **11** | **12** | **TOTAL** |
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| **TOTALS** |       |       |       |       |       |       |       |

 **(2019-20 School Year)**

FIRST SEMESTER

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| **Period** | Name of Course | **Grades** |
| **7** | **8** | **9** | **10** | **11** | **12** | **TOTAL** |
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SECOND SEMESTER

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| **Period** | Name of Course | **Grades** |
| **7** | **8** | **9** | **10** | **11** | **12** | **TOTAL** |
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| **TOTALS** |       |       |       |       |       |       |       |