ADAPTIVE EQUIPMENT REQUEST

Department of Career Education

Special Populations Division

PROPOSAL FOR FUNDING REQUESTED:

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

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

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| **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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| **TOTALS** | |  |  |  |  |  |  |  |

SECOND SEMESTER

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