

**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:**

Curtis Scales, 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:

[curtis.scales@arkansas.gov](mailto:curtis.scales@arkansas.gov)

## ADAPTIVE EQUIPMENT REQUEST

SCHOOL DISTRICT	SECONDARY CENTER NAME (If applicable)	
SCHOOL NAME	LEA NUMBER (Must be 7 digits)	EDUCATIONAL COOP
SCHOOL ADDRESS:		
PROPOSED STARTING DATE (mm/dd/yy)	GRANT YEAR	
Printed Name of Primary Contact	Phone #	E-mail Address

### 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.

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Superintendent

## B. Purpose of Adaptive Equipment

Summary of how equipment will be used:

## C. REQUIRED INFORMATION

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

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: \$ \_\_\_\_\_**

## D. STUDENT ENROLLMENT PROJECTIONS

(2018-19 School Year)

**FIRST SEMESTER**

Period	Name of Course	Grades						
		7	8	9	10	11	12	TOTAL
<b>TOTALS</b>								

**SECOND SEMESTER**

Period	Name of Course	Grades						
		7	8	9	10	11	12	TOTAL
<b>TOTALS</b>								

(2019-20 School Year)

**FIRST SEMESTER**

Period	Name of Course	Grades						
		7	8	9	10	11	12	TOTAL
<b>TOTALS</b>								

**SECOND SEMESTER**

Period	Name of Course	Grades						
		7	8	9	10	11	12	TOTAL
<b>TOTALS</b>								