

**SSRSB Specialized Equipment, Resource/Learning Center:
Request Form-2014/15**

To request specialized equipment items such as : lifts, change tables, specialized desks, bean bag mat cushion, elevated toilet seat, wedge cushion, sound system, sensory, transfer board etc.

Student/s:	Grade:
School:	
Item Requested:	
Estimated Time item will be required:	

Reason for the request (please outline how this directly supports student's program plan and/or prevents injury for school staff or students):

What other options have been investigated to address this need (i.e. Community Services, grants, Red Cross, and Service Clubs)

Professional recommending the Equipment:

Occupational Therapist Assistive Tech APSEA
 Physiotherapist Other Health Care Professional

Note: Supporting reports must be attached to request to be processed.

Quotes and ordering info attached: (min. of two) \$ _____ \$ _____

AMOUNT REQUESTED: \$ _____ **Other Cost:** \$ _____

Training required please list: _____

Signature of Program Planning Team Member making this request:

_____ **Date:** _____

(For Office Use Only) Attach this form to Invoice as proof of approval

Above item is: Approved: _____ **Not Approved:** _____

Total Amount Approved: \$ _____ (including taxes)

Approval Signature: _____ Title: _____

Date: _____

Comments:

Requests will be reviewed early fall and February. Schools will be contacted once the request has been reviewed. **No requests will be processed after February 15th of that school year.**