CAMPUS MATERIAL REQUEST

DATE:______________

TEACHER’S NAME:_________________________ SCHOOL:_________________________ DATE DELIVERED:______________
STUDENT’S NAME:_________________________ DATE RETURNED:______________

<table>
<thead>
<tr>
<th>QT</th>
<th>EQUIPMENT/MATERIALS</th>
<th>ECISD#</th>
<th>ITEM #</th>
<th>PG.</th>
<th>CATALOG</th>
<th>PRICE</th>
</tr>
</thead>
</table>

Justification Summary- How is this Instructional Material Unique to Sped.

__________________________________________________________________________

Part of IEP and/or BIP? Yes ☐ No ☐ Type of Classroom Setting: Inclusion ☐ Specialized ☐ Resource ☐

TEACHER_________________________ DATE______________

Approval Checklist: ☐ All other district resources checked ☐ IEP goal(s) addressed attached ☐ Each child’s name and school on form

COORDINATOR_________________________ DATE______________