FEDERAL/STATE EQUIPMENT AND INSTRUCTIONAL SUPPLIES - FORM B (Staff) ELIGIBILITY AND NECESSITY DETERMINATION QUESTIONS

(To be attached for all Special Education Purchases.)

Teacher Name: _____ District _____ Date _____

Disability Area _____ Item Description: _____ Cost: _____

Purchase Order #: _____

Rational for special education purchase (reason for the request, what is the special education purpose or use):

_____

_____

_____

Answer **Yes** or **No** to the following questions to determine whether instructional supplies and/or equipment and teacher materials are eligible for reimbursement with federal aid or to generate state base revenue and for inclusion in the state excess cost aid calculation.

1. Are the materials used directly by a teacher of students with disabilities?
   □ Yes (Eligible) □ No (Not Eligible)

2. Are the materials in addition to those provided to the general education teachers within the district?
   □ Yes (Eligible) □ No (Not Eligible)
   For example, the district provides computers, and office supplies for all teachers. Similar materials are not eligible for special education reimbursement when provided to teachers of students with disabilities regardless of setting;

3. Does the teacher require materials specially adapted for use with students receiving special education in order for the student to benefit from the education program or to comply with special education due process requirements?
   □ Yes (Eligible) □ No (Not Eligible)
   For example, due process file supplies.

4. The materials are not general classroom materials or teacher supplies.
   □ Yes (Eligible) □ No (Not Eligible)
   For example, bulletin board materials, tape, markers are general supplies not eligible.

Office Use:

Use the following special education funding stream: ☐ State (740) ☐ Federal (419, 420, or 422) ☐ Third Party Funds (372)

* UGG – Uniform Grant Guidance

A. The purchase complies with federal and state accounting standards. □ Yes (Eligible) □ No (Not Eligible)
B. _____This request was NOT ***UGG** compliant and approved for the use of special education funds.
C. _____This request WAS ***UGG** compliant and approved for the use of special education funds.

_____ _____
Signature of Business Manager or Superintendent Date

_____ _____
Signature of Director of Special Education* Date

* Required for the authorization of Federal Funds
Attachments: Requisition Form