



# ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD

## ISA 1 EQUIPMENT REQUEST FORM

### PART A

Student: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

### PART B

#### Equipment Recommended: (check one)

F.M. System

Sound Field

Other... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommended as essential to the student by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individual  
Professional Title  
Affiliation

#### Please attach a copy of the following to your ISA 1 Request:

- Letter of Recommendation for the equipment
- Copy of Assessment by the recommending Professional
- IEP from the school outlining the Strengths and Needs and programming for student
- If C.A.P. trial required, signature of Speech and Language Pathologist acknowledging request

\_\_\_\_\_  
Speech-Language Pathologist Signature

**Please submit a copy of this form and the attachments to your Special Education School Consultant.**

### PART C

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preliminary Approval by Special Education Consultant

\_\_\_\_\_  
Date

Date Received in CEC: \_\_\_\_\_

Date Processed by CEC: \_\_\_\_\_

Submission Date to MET: \_\_\_\_\_