



REQUEST FOR CRITICAL NEEDS BEYOND THE CLASSROOM

Please complete all information on the application form. You must attach a completed quote or a digital copy of the item that needs to be purchased from the retailer or purchasing source. Additional information may be attached to support your request. All forms must be signed. **Email the completed application** to Adrienne L. Eaglin, SSD Liaison for Special Education Foundation to aleaglin@ssdmo.org.

Applicant Name _____ **Date** _____

Date of Birth _____

School Attending _____ **District** _____

Parent/Legal guardian Name(s) _____

Address _____
Street City State Zip

Phone _____

Parent/Legal guardian Signature _____

CRITICAL NEED REQUESTED – YOU MUST INCLUDE A COMPLETED QUOTE OR GRAPHIC OF THE ITEM INCLUDING THE UPC AND DETAIL SPECIFICATION OF THE ITEM. THE SUPPLIER.

Description _____

Retailer's Name _____

Address _____
Street City State Zip

Web address: _____

Stock numbers _____

Quantity Requested _____ **Price** _____

Statement from staff that supports the need: _____

Statement describing how this item will assist student independence and well-being: _____

Statement of financial need (attach most recent Tax return Form 1040 pages 1 and 2 or documentation of free or reduced lunch):

Staff Name _____ **Phone** _____

Email _____

School _____ **District** _____

Address _____
Street City State Zip

Staff signature of verification _____ **Date** _____

Administrator Contact Name _____

Administrator signature of approval _____ **Date** _____