



**SPECIAL EDUCATION DISTRICT
OF MCHENRY COUNTY**

**APPLICATION FOR
KNAACK AUDIOLOGICAL SUPPORT FUNDS**

Date of Request

Student Name: _____

Home District: _____

Attending School: _____

Person Making Request: _____

Phone Number: _____

Description of project or item: _____

Indicate special needs of student(s): _____

Are the requested supplies, equipment or services listed within the student's IEP as being educationally necessary to support the child within a school environment? _____ Y or _____ N

If yes please describe: _____

Please describe the financial status and ability of the family to directly purchase the requested supplies, equipment or services or to pay for a percentage of the cost: _____

Please describe the student's medical/health insurance status and what efforts, if any, have been tried to secure funding for the requested supplies, equipment or services through the medical insurance process: _____

Has parent been contacted? No Yes – Date: _____
