

Instructional Software/App Approval Request

Requestor Name: _____ Date: _____

Product Name: _____ Publisher: _____

Content Area: _____ Subject: _____

Software Type: <input type="checkbox"/> CD <input type="checkbox"/> Internet download <input type="checkbox"/> Web based	Subscription: <input type="checkbox"/> Free <input type="checkbox"/> One Time Fee <input type="checkbox"/> Yearly <input type="checkbox"/> Free Trial	License Type and cost <input type="checkbox"/> Stand Alone \$ _____ <input type="checkbox"/> District <input type="checkbox"/> # of Installations _____ Cost per license \$ _____	To be installed on: <input type="checkbox"/> Teacher device Device type _____ <input type="checkbox"/> 1 iPad <input type="checkbox"/> ___ iPads <input type="checkbox"/> Other _____ <input type="checkbox"/> for use on Chromebooks <input type="checkbox"/> web based
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Grade level(s): PK-2 Grade 3-5 Grades 6-8

Primary recommended use:

Individual Small Group Whole Group Teacher only

Primary purpose:

Research Problem Solving Other _____
 Tutoring Enrichment

Additional comments on Usage of program:

Approved Not Approved

Principal Signature/ Date

Upon approval, order to be placed by

Finance Office Principal Technology Specialist Other _____

TO BE COMPLETED BY TECHNOLOGY DEPARTMENT

System Requirements: Network Local Cost: _____

Signature/Date

Work Order Generated – Estimated Completion Date: _____

Staff Member Notified