Lynden School District

INSTRUCTIONAL SOFTWARE APPROVAL REQUEST

Requestor Name:_____ Campus:_____ Date:_____

Product Name:_____ Publisher:_____

Content Area:_____ Course:_____

Software Type:	Subscription:	License Type:	Estimated Cost:	To be installed on:
☐ CD ☐ Internet Download	☐ Free ☐ Annual ☐ One Time Fee	☐ Stand Alone ☐ District-wide ☐ School # of Installations: _____ Cost per license:_____		☐ Teacher Workstation ☐ All Classroom Computers ☐ All Lab Computers ☐ All School Computers

Grade Level(s): ☐ Primary (K-2) ☐ Intermediate (3-5) ☐ Middle (6-8) ☐ Secondary (9-12)

What would be the primary recommended model for the teacher to use this software?

☐ Individual ☐ Small Group ☐ Whole Group

What would be the primary purpose for a student or group of students to use this software?

☐ Explore/Discovery ☐ Research ☐ Problem Solving
☐ Remediation/Tutoring ☐ Enrichment ☐ Other (Explain Below)

Additional Comments:

_____

_____

_____

SUBMIT THIS FORM TO THE DIRECTOR OF TEACHING AND LEARNING

☐ APPROVED ☐ NOT APPROVED _____

DIRECTOR OF TEACHING AND LEARNING SIGNATURE/DATE

SUBMIT TO THE TECHNOLOGY DIRECTOR

☐ APPROVED ☐ NOT APPROVED _____

TECHNOLOGY DIRECTOR SIGNATURE/DATE

UPON APPROVAL, ORDER TO BE PLACED BY (CHECK ONE): ☐ DIRECTOR OF TECHNOLOGY OR ☐ REQUESTING EMPLOYEE

IF PLACED BY STAFF MEMBER, NOTIFY DIRECTOR OF TECHNOLOGY WHEN ITEM IS RECEIVED. DIRECTOR OF TECHNOLOGY WILL SCHEDULE INSTALLATION.

DATE FORM RETURNED TO REQUESTING EMPLOYEE:_____

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TO BE COMPLETED BY TECHNOLOGY DEPARMENT

(ATTACH DETAILS IF NEEDED)

SYSTEM REQUIREMENTS: COST:

INSTALL TYPE: ☐NETWORK ☐LOCAL

_____ _____

SIGNATURE DATE

☐ WORK ORDER GENERATED – ESTIMATED COMPLETION DATE: _____ ☐ STAFF MEMBER NOTIFIED

DATE: 9/12/2013