

Lynden School District  
**INSTRUCTIONAL SOFTWARE APPROVAL REQUEST**

Requestor Name: \_\_\_\_\_

Campus: \_\_\_\_\_ Date: \_\_\_\_\_

Product Name: \_\_\_\_\_

Publisher: \_\_\_\_\_

Content Area: \_\_\_\_\_

Course: \_\_\_\_\_

<b>Software Type:</b> <input type="checkbox"/> CD <input type="checkbox"/> Internet Download	<b>Subscription:</b> <input type="checkbox"/> Free <input type="checkbox"/> Annual <input type="checkbox"/> One Time Fee	<b>License Type:</b> <input type="checkbox"/> Stand Alone <input type="checkbox"/> District-wide <input type="checkbox"/> School # of Installations: _____ Cost per license: _____	<b>Estimated Cost:</b>	<b>To be installed on:</b> <input type="checkbox"/> Teacher Workstation <input type="checkbox"/> All Classroom Computers <input type="checkbox"/> All Lab Computers <input type="checkbox"/> All School Computers <input type="checkbox"/> All Department Computers
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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:

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\_\_\_\_\_

\_\_\_\_\_

**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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<p><b>TO BE COMPLETED BY TECHNOLOGY DEPARTMENT</b>          (ATTACH DETAILS IF NEEDED)</p>	
<p><b>SYSTEM REQUIREMENTS:</b>          INSTALL TYPE:   <input type="checkbox"/> NETWORK   <input type="checkbox"/> LOCAL</p>	<p><b>COST:</b></p>
<p>_____</p>	<p>_____</p>
<p>SIGNATURE</p>	<p>DATE</p>
<p><input type="checkbox"/> WORK ORDER GENERATED — ESTIMATED COMPLETION DATE: _____   <input type="checkbox"/> STAFF MEMBER NOTIFIED</p>	