Regional School District 13
Software/App. Request Form

Form: B

Name of Software/App._____

Url: _____

Contact information for software company (if available) :_____

Quoted cost of program and budget department (i.e. ELA supplies):

_____

One-time purchase or ongoing licensing fee?

_____

Curriculum Alignment *(indicate alignment below)*

❏ _____(initials)

_____

Departmental Alignment

❏ _____(initials) The requested technology has been presented to the department/team as well as department / team leader to ensure all members of the team are in agreement with pursuing the requested technology.

Technology is Appropriate for Students

❏ _____(initials) The requested technology's Privacy Policy and Terms of Service have been reviewed and it has been determined that this technology is appropriate for educational use.

How Students will interact with Technology

❏ Technology requires students to sign up or log in using an email address
❏ Students create content (writing, videos, voice recordings, etc.) within content

Signatures

Person(s) requesting software/app.

Name(s):   _____   _____

Signature(s) _____   _____

Date: _____

Principal Name: _____ Signature: _____ Date:_____

___Director of Curriculum, Instruction, & Assessment Approval   **OR**
___Director of Student Services and Special Education Approval

Name: _____ Signature: _____ Date:_____

Please check off each box and initial to indicate that each step has been completed.