

**Regional School District 13
Technology Request Form**



Form: B

Name of

Technology: _____

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 technology

Name(s): _____

Signature(s) _____

Date: _____

Principal Name: _____ Signature: _____ Date: _____

____ Director of Curriculum, Instruction, & Assessment Approval

____ 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.*