

Lynden School District
INSTRUCTIONAL SOFTWARE APPROVAL REQUEST

Requestor Name: _____

Campus: _____ Date: _____

Product Name: _____

Publisher: _____

Content Area: _____

Course: _____

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

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: _____

TO BE COMPLETED BY TECHNOLOGY DEPARTMENT
(ATTACH DETAILS IF NEEDED)

SYSTEM REQUIREMENTS:

INSTALL TYPE: NETWORK LOCAL

COST:

SIGNATURE

DATE

WORK ORDER GENERATED — ESTIMATED COMPLETION DATE: _____ STAFF MEMBER NOTIFIED