Technology Request Form

|  |
| --- |
| Teacher Name: Date Requested: |
| Name of Technology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description:  |
| What were you doing before?  |
| How will this new technology make teaching easier?  |
| Do you already know how to use it or will you need training?  |
| Will you need any additions to make the technology useful (special software, attachments, cords, etc… |
| Possible purchase locations:  | Estimated cost of technology:  |

Approved? Yes No Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_