Technology Request Form

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_