West Point Consolidated School District

TECHNOLOGY

APP REQUEST FORM

Please complete the following information to request a new application. All requests **MUST** be approved by your principal.

Note: Key all responses to the questions below. The answer boxes will adjust as you type. Once finished, print, sign/date, and have principal sign. Scan form and email to IT.

Teacher Name:	Date:
Email Address:	School:
Subject(s) Taught:	Grade Level:

1. What is the name of the application?

2. What is the primary purpose of the application?

3. What are the learning goals? How does this app relate to your framework/curriculum?

4. Does the app offer a friendly design for teachers and students to learn how to use?

5. Who are the intended users of this app? Teachers? Students? A particular group or subgroup?

6. Are there other applications in use for the same purpose? If so, why should we use this one?

7. Is the app compatible with the devices we are currently using?

8. Have you read the terms of use? What data will need to be shared to use the app?

9. Does the app create a learning environment that promotes active learning and student engagement?

10. How much does the app cost? Is it free?

11. Please provide a link or attachment to the documentation for this application.

12. By this request, this app follows all **FERPA**, **CIPA**, and **district policies**. I accept full responsibility for student usage and will face disciplinary action up to termination.

Print Name: Signature: Date:

Principal's Signature: