Sparta School Software/Instruction Technology Evaluation Form

Title: _____

Copyright/Version: _____ Cost: _____

Producer: _____ Phone: _____ Fax: _____

Address: _____

Sales Contact: _____ Phone: _____ Fax: _____

Technical Contact: _____ Phone: _____ Fax: _____

Compatibility: Windows XP _____   Media: _____

Program is server resident: _____   Database is Server resident: _____

Other Needs: _____   **Proposed Funding Source:** _____

Instructional Design for Learners: _____

Purpose: _____   **Assessment:** _____

Instruction Support Materials: _____

Technical Support Materials: _____   Licenses Needed: _____

Maintenance Agreement Cost: _____ per _____   Renewal Cost: _____ per

Is a nearby school system successfully implementing this same item?   _____

If yes who, where and how can they be contact?   _____

_____

What is the planned use of the requested item?   _____

_____

_____

What motivated you to make this request?   _____

_____

Principal Acknowledgement: I have read and discussed this request with the requesting staff member.

_____   **Signature:** _____

Business Office Acknowledgement: I have read this request and understand the budget implications for the current purchase request and future support needs.

_____   **Signature:** _____

District hardware standards meet or exceed publisher's recommendation: _____

Director of Technology Signature: _____

Covers Curriculum Content? _____   Subject/Course: _____

Director of Curriculum and Instruction Signature: _____

6/16/2011