Rochester Community Schools

Procedure for Software Request

1) Determine that:

   a) The software enhances, reinforces and aligns with the GLCE/CCE as identified in the district curriculum, or departmental goals and core business practice (non-instructional)

   b) There is a need for the software. Please review current software that has been approved for this application.

2) Complete Section 1 of Software Request Form.

   a) Obtain appropriate signatures. Building requests require building administrator's signature before going further. Non-Instructional requests require the signature of the supervising administrator.

   b) Submit requests to appropriate director.

3) The director will forward the request to the Technology Services department within 10 school days. The technological evaluation of the software may take up to 15 school days.

4) The Director of Technology will return the Software Request Form to the director who has signed off in Section 1.

5) If the software is not approved, the director will follow-up with appropriate parties to address issues/concerns and to determine next steps

6) If the software is approved, technology services will return a copy of the form to the original requester and Director to coordinate the following:

   a) Submit any necessary work orders including installation locations.

   b) Process purchase orders

   c) Plan appropriate professional development

7) When approved software is received, the software will be forwarded to the Technology Services Department where the installation package will be created and tested. This may take up to 20 school days.

8) Deployment will be completed.

9) Professional development may begin.

Educational software requests can be submitted at any time during the school year; however, the Software Request Form must be submitted by March 1 in order for the installation to be completed by the beginning of the following school year. Exceptions to the timeline must be approved by the Assistant Superintendent for Instruction. The Software Request Form must still be completed. Non-Instructional software requests must establish an installation timeline with Technology Services, prior to the purchase of the software.

Rochester Community Schools   Software Request Form

Software should not be purchased until this form is returned to requester with approval from Director of Technology

SECTION 1   (See *Procedures for Software Request* before completing this form.)
Complete all fields that apply to your request.

Requester's Name _____ Date: _____ Department/ Building: _____

Curriculum: _____ Grade Level(s): _____

Software Title: _____ Publisher: _____

Web-based Software:_____ Textbook Related Software: _____ Supplemental Software: _____ Replacement Software: _____

Vendor Contact Information: _____

Cost: Annual Subscription: $ _____   Site License / Network version: $ _____   Other: $ _____

Quantity for staff: _____   Quantity for students: _____ (Attach any additional pricing information if necessary).

Funding Source: _____   Building; _____   District: _____

Describe how the software enhances, reinforces and aligns with the GLCE/CCE as identified in the district curriculum: (attach additional typed pages or literature, if needed)
_____
_____

Explain why this software is needed (ie: student needs, replacement of existing software, change in business process or practice, work flow improvement, etc):
_____
_____

List comparable software that was considered:
_____
_____

Reviewed and supported by:

      Principal (if building request): _____   Date: _____

      Information Literacy Specialist (curriculum): _____   Date: _____

      Program Consultant (curriculum): _____   Date: _____
      (Elementary, Secondary, or Special Education)

      Dept. Manager (non-curriculum): _____   Date: _____

Reviewed by:

      Director: _____   Approved _____ Not Approved _____ Date: _____
      (Curriculum, Special Education, HR, Facilities, Business, Community Relations)

Rochester Community Schools   **Software Request Form**

SECTION 2   *TO BE COMPLETED BY TECHNOLOGY SERVICES DEPARTMENT*

                    (A copy will be returned to the requestor)

Date Received: _____

Hardware Requirements

Preferred Operating System: _____

 Minimum RAM: _____   Hard Drive Space Needed: _____   CD-Drive required: yes   no

                                                                                                      DVD-Drive required: yes   no

Additional Hardware Requirements & Cost _____

Reviewed and supported by:

Technology Program Consultant (as needed) _____   Date: _____

District Technician(s), level _____   Date: _____

Reviewed by:

Director of Technology _____

Approved _____   Date _____

Not Approved _____   Date _____

Needs Further Discussion _____   Date _____

Comments/Concerns:

_____
_____
_____
_____

FOR TECHNOLOGY USE ONLY

Software Request Form # _____

Application Installation (AI) Package name: _____

Scheduled deployment date(s): _____