

Marple Newtown School District		Curricular Software Request Evaluation Form	
Directions: Complete each section of this form and route to the Curriculum Department			
Reviewer's Name:		Date:	
Building:	Room No:	Phone No:	
Software Details			
Software Title	Version No.	Upgrade: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Software Description:			
<input type="checkbox"/> Remedial <input type="checkbox"/> Core Instructional <input type="checkbox"/> Enrichment			
Software Category: (check all that apply)	<input type="checkbox"/> Authoring/Programming <input type="checkbox"/> Class Mgmt <input type="checkbox"/> Editing – Audio <input type="checkbox"/> Presentation <input type="checkbox"/> Testing/Assess <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Business App <input type="checkbox"/> Database <input type="checkbox"/> Editing – Video <input type="checkbox"/> Problem Solving <input type="checkbox"/> Tutorial	<input type="checkbox"/> Calendar/Timeline <input type="checkbox"/> Desktop Pub <input type="checkbox"/> Game <input type="checkbox"/> Simulation <input type="checkbox"/> Word Processing <input type="checkbox"/> Chart/Mind Map <input type="checkbox"/> Drill/Practice <input type="checkbox"/> Graphics <input type="checkbox"/> Spreadsheet
Subject Area: (check all that apply)	<input type="checkbox"/> Art/Music <input type="checkbox"/> Foreign Language <input type="checkbox"/> Library/Media <input type="checkbox"/> Social Studies <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Business <input type="checkbox"/> Guidance <input type="checkbox"/> Math <input type="checkbox"/> Special Ed	<input type="checkbox"/> Eng Lang Learners <input type="checkbox"/> Health/PE <input type="checkbox"/> Reading <input type="checkbox"/> Tech Ed <input type="checkbox"/> Fam/Cons Sci <input type="checkbox"/> Language Arts <input type="checkbox"/> Science <input type="checkbox"/> Not Applicable
Are additional resources required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Microphone <input type="checkbox"/> Headphones	<input type="checkbox"/> Assistive Device
Educational Justification			
Explain the instructional impact of this software:			
How often will the software be used? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly/Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Once per semester			
What type of licensing is requested? <input type="checkbox"/> District <input type="checkbox"/> Site <input type="checkbox"/> Multiple (# of machines): <input type="checkbox"/> Single			
Does software replace other software?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does software meet the objectives of MN curriculum and/or State Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Software Review			
Is software user friendly? Will teachers need professional development? Could students use it independently?			
What professional development is provided/planned?			
What teacher support materials are available? i.e. reproducible masters, handouts, extension activities, lesson plans			
What higher level thinking or problem solving skills will students use with this program?			
How will student progress be monitored and/or reported?			
What curriculum objectives and/or State Standards are met with this program?			
What research is available to support this program's effectiveness?			