

Marple Newtown School District				Curricular Software Request Routing Form					
Directions: Complete each section of this form and route to the Curriculum Department									
Requester's Name:				Date:					
Building:		Room No:		Phone No:					
1. Software Details									
Software Title		Version No.		Upgrade: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Software Description:									
Publisher:									
Sales Rep:		Contact Info:							
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 research is available to support this program's effectiveness?									
2. Principal's Review									
I <input type="checkbox"/> support <input type="checkbox"/> do not support further investigation of this software									
Comments:									
Principal's Signature:				Date:					
3. Curriculum Department Review									
Software evaluated by: (attach evaluation form)									
Comments:									
I <input type="checkbox"/> approve <input type="checkbox"/> do not approve software purchase									
Director's Signature:				Date:					
Budgetary Information									
Initial cost:		Ongoing cost:							
Funding Source:		<input type="checkbox"/> Building:		<input type="checkbox"/> Department:					
		<input type="checkbox"/> Grant:		<input type="checkbox"/> Title Funds:					
		<input type="checkbox"/> Tech Plan:		<input type="checkbox"/> Other:					
Budget Code:		Fund	Function	Object	Source	Level	Bldg	Subject	Job
4. Technology Department Review									
Software evaluated by: (attach technical review form)									
Comments:									
Software <input type="checkbox"/> meets <input type="checkbox"/> does not meet district technical specifications without modification									
Director's Signature:				Date:					