

**Digital Resource Request Form**

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Resource Information	
Resource Name:	
URL:	
Circle one:	Website      App      Extension      Add-On
Developer Name:	
Cost (per device or account):	
Quantity requested:	
Length of trial period (if applicable):	
Device TZ number(s) for iPads only:	

What specific curriculum standards will the resource support?

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How and when will students use this resource in the teaching & learning environment?

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What research supports this resource? (Attach documentation)

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How will you measure the effectiveness of this resource?

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Do student accounts need to be created or student information entered when setting up and using this resource? \_\_\_\_\_

Review the privacy policy in preparation for your presentation to the school technology committee.

By signing below, you are confirming you have personally reviewed the resources to verify its educational value.

Teacher signature:

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*(Provide this form to your School Technology Committee for review. Be prepared to clarify your request to this committee.)*



**School Technology Committee Guiding Questions**

After analyzing this request, are there district adopted resources that provide similar support?

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If yes, how will this resource meet the needs of your students more effectively than the current district resources? \_\_\_\_\_

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Does this resource run Adobe Flash? (Resources that run Adobe Flash often have issues on iPads and internet browsers.) \_\_\_\_\_

If there is a cost associated with this resource, what funds will be used to purchase?

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Will this resource be purchased for the entire building or just specific teachers? \_\_\_\_\_

If individual teachers, please specify who. \_\_\_\_\_

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Will a representative associated with this resource provide training to staff? \_\_\_\_\_ If so,

Instructional Technology should be invited in order to provide future support.

Regarding the privacy policy, what student information is collected when using this resource?

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By signing below, you affirm that the technology committee has vetted this resource as a team.

Technology Committee Members Signatures:

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Date: \_\_\_\_\_ Approved OR Denied

If denied, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

*(Provide this form to your principal for review. If technology committee denied the request, meet with teacher to review the decision.)*



If technology committee approved this resource request, the principal will:

- Review this resource and determined it to be a high leverage activity for your students
- Discuss the expectations for utilization with the teachers requesting the resource
- Develop a plan for regularly monitoring the efficacy of implementation

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Approved OR Denied

If denied, please provide an explanation and meet with the technology committee and teacher to review this decision: \_\_\_\_\_  
\_\_\_\_\_

*(If approved, provide this completed form to Instructional Technology at the Central Office Annex.)*



- The FSSD Teaching and Learning Team has approved this resource for use.
- The FSSD Teaching and Learning Team has denied this resource for use.

Signature: \_\_\_\_\_

If denied, provide written explanation and contact the principal to set up a meeting to discuss this decision: \_\_\_\_\_  
\_\_\_\_\_