

Preview Adopt

FERNDALE SCHOOL DISTRICT NO. 502
Request for Approval of Instructional Software

PROGRAM TITLE: _____ **SUBJECT:** _____

PUBLISHER: _____ **COPYRIGHT DATE:** _____

AMOUNT: Single Lab Pack Network Site License **COST:** _____

GRADE LEVEL: _____ Primary (K-2) _____ Middle (7-8) _____ Adult
_____ Intermediate (3-6) _____ High (9-12)

HARDWARE REQUIRED: MAC Power Mac PC **RAM required:** _____
 Digital Projector Sound System Other: _____

PROGRAM TYPE: _____ Simulation _____ Tutorial _____ Teacher Tool
_____ Problem Solving _____ Assessment _____ Graphics _____ Data base
_____ Drill & Practice _____ Informational _____ Spreadsheet

Is this software compatible with our current network? Yes No

Is district technical support available ? Yes No

Overall this is recommended because it supplements the curriculum is developmentally appropriate for differentiation of instruction

Appropriate group instructional size: individual small group class computer lab

Is this supplemental or basic part of the curriculum? For which course _____

EXPLAIN HOW THIS SOFTWARE ENHANCES YOUR COURSE BEYOND MATERIALS CURRENTLY AVAILABLE TO YOU: _____

YES	NO	TECHNICAL QUALITY	EXCELLENT	GOOD	WEAK	NA
_____	_____	Free of program errors				
_____	_____	Creative				
_____	_____	Interactive and Engaging				
		EASE OF USE	EXCELLENT	GOOD	WEAK	NA
_____	_____	Clear Instructions				
_____	_____	Pacing can be controlled				
_____	_____	Readable format				
_____	_____	Sound control				

	CONTENT	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> WEAK	<input type="checkbox"/> NA
<input type="checkbox"/>	Accurate and relevant				
<input type="checkbox"/>	Free of sexual stereotypes and biases				
<input type="checkbox"/>	Motivational				
<input type="checkbox"/>	Self evaluating				
<input type="checkbox"/>	Print capability				

Technology Committee Comments:

SUPPORT MATERIALS REQUIRED:(please list any print or non print material needed to support this resource)

ADDITIONAL COMMENTS: _____

Signature of Evaluator: _____ **Date:** _____

Signature of Principal _____ **Date:** _____

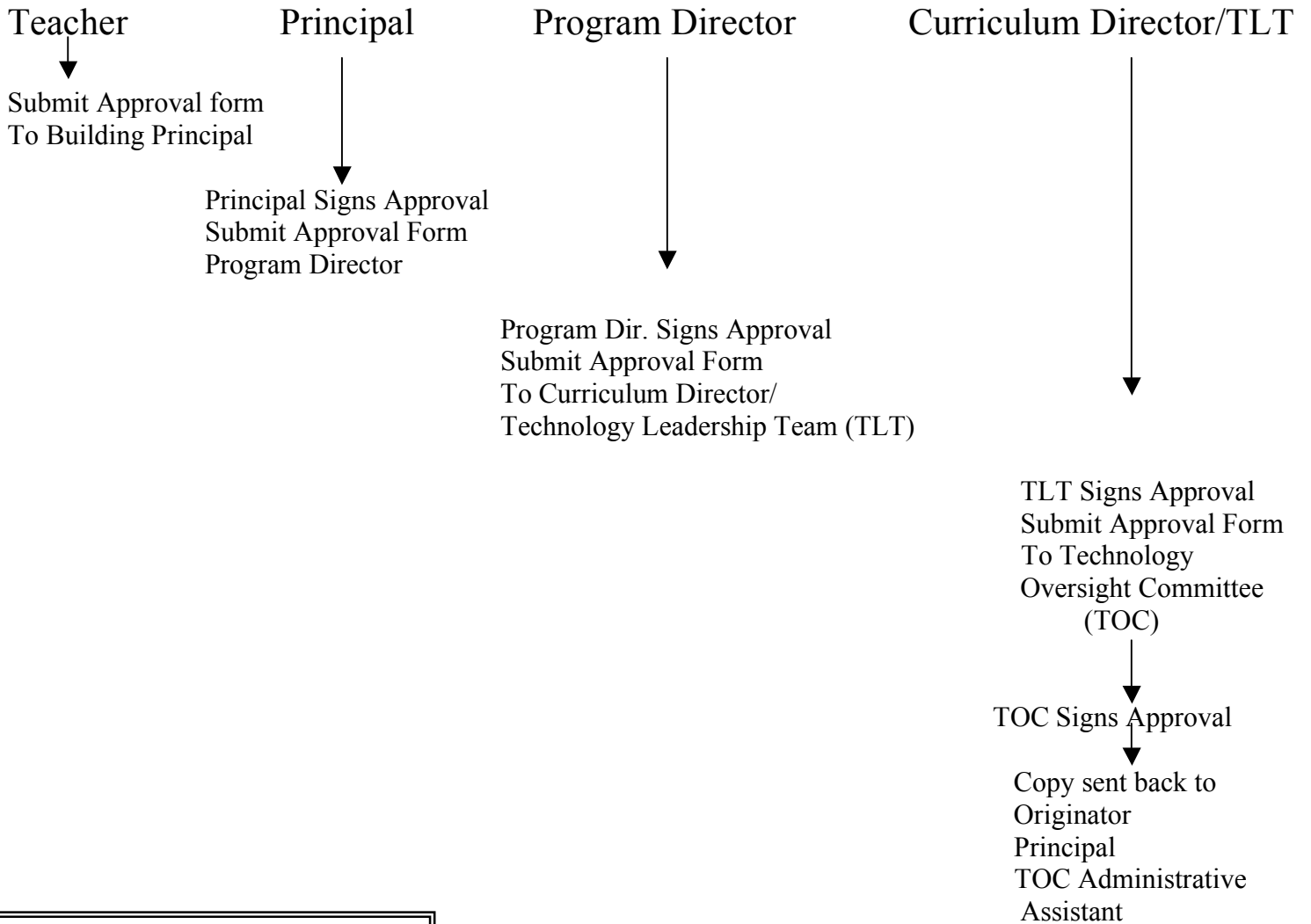
Signature of Program Director: _____ **Date:** _____

Recommendation of Tech Committee:
Comments:

Purchase? **YES** **NO**

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Instructional Software:



District Productivity Software:

WestPac, Library Management, Support Services, Grading Programs, Assessment Data Management Systems, E-Mail, Personnel Management, Web Management, District Infrastructure, Intra-District Standardization, etc.



Technology Oversight Committee