



Proposal for Supplemental Instructional Materials, Software & Licenses

Name of Requestor: _____

School Site: _____

Date of Request: _____

Item Name: _____

Vendor Name: _____

Contact Name/Info: _____

Cost (lump sum/hourly): _____

SPSA/LCAP Goal(s) & Action(s): _____

Funding Source(s): _____

Account Number(s): _____

Data Privacy Agreement Required (Yes/No): _____

Rationale for Request

Briefly describe the purpose of the item, who it is designed for, who will use it, and any supports necessary for its use.

Rationale for Selection

Why was this service/vendor selected over other similar options?

Identified Need

What gap in current district/school resources does this item fill?

Implementation Metrics

How will the planned implementation be measured? Who is in charge of monitoring implementation?

Effectiveness Metrics

How will the intended results be measured and by whom?

Expected Outcomes & Timelines

Short-Term (by end of service) and Long-Term (6–12 months) results, with evaluation dates.

Division Assistant Superintendent

Approval Name:

Signature:

Date:

Note: *Once this form has been approved, it must be attached to the Escape requisition in order for the purchase to be completed.*