

Dartmouth Public Schools
App/Software Request Form
Timeline for process - minimum of 4 weeks

Name of App or Site		Date
Content Area		Gr Lvl

Software Type	Cost
<input type="checkbox"/> Web Based <input type="checkbox"/> Download <input type="checkbox"/> Chrome App/Ext <input type="checkbox"/> iPad App	<input type="checkbox"/> Free <input type="checkbox"/> Paid -if paid <input type="checkbox"/> One time <input type="checkbox"/> Recurring Estimated Cost : _____

Type of Software	Intended Use: Check all that apply
<input type="checkbox"/> Drill and Practice <input type="checkbox"/> Tutorial/Remediation <input type="checkbox"/> Enrichment <input type="checkbox"/> Assessment <input type="checkbox"/> Simulation <input type="checkbox"/> Research <input type="checkbox"/> Other _____	<input type="checkbox"/> Teacher Only Student <input type="checkbox"/> Individual <input type="checkbox"/> Small Group <input type="checkbox"/> Large group <input type="checkbox"/> Grade Level Use

What educational purpose does this software fulfill? (please include what the software will do for instruction and practice)

Form Filled out by: _____

Reviewed by: _____

Notes: