

West Valley School District #1
Instructional Software/Online Platform Approval Request

Requestor Name: _____ Campus: _____ Date: _____

Product Name: _____ Publisher: _____

Content Area(s): _____ Course: _____

| | | | |
|--|--|--|------------------------------------|
| <u>Software Type</u> <input type="checkbox"/> CD <input type="checkbox"/> Download <input type="checkbox"/> Online Platform | <u>Subscription</u> <input type="checkbox"/> Free <input type="checkbox"/> Annual <input type="checkbox"/> One time Fee | <u>License Type</u> <input type="checkbox"/> Stand Alone <input type="checkbox"/> District-Wide <input type="checkbox"/> School # of users- installations: _____ Cost per license: _____ | <u>Estimated Cost:</u> |
|--|--|--|------------------------------------|

Grade Level(s): Primary (K-2) Intermediate (3-5) Middle (6-8) Other: _____

What would be the primary recommended model for the teacher to use this software/platform?

- Individual Small Group Whole Group

What would be the primary purpose for a student or group of students to use this?

- Explore/Discovery Research Problem-Solving
 Remediation/Tutoring Enrichment Other (explain below)

Additional Comments:

Submit to Curriculum Director - Review team meets once per month

| | |
|--|---|
| Date of Review Team Meeting: | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved for the following reasons: _____ _____ _____ | Curriculum Director Signature: _____ IT Signature: _____ |

*The review team may send you further questions for review purposes.