

## Classroom Technology Instruction Plan

Teacher Name: \_\_\_\_\_

Date: \_\_\_\_\_

Campus: \_\_\_\_\_

Room # \_\_\_\_\_

Conference Period: Start Time \_\_\_\_\_

End Time \_\_\_\_\_

Is the teacher a Google Educator Certified? Yes[ ☐ ] Level \_\_\_\_\_ No[ ☐ ] Date Expected \_\_\_\_\_

Technology to be purchased: \_\_\_\_\_

List the campus/classroom objectives to be addressed with the technology purchase:

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Describe how the technology will be used to address these objectives and accelerate student learning:

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List additional classroom resources that will ensure the technology is effectively utilized:

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What professional learning will be employed to ensure the technology is effectively utilized:

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Principal: [ ☐ ] Approved [ ☐ ] Not Approved Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Technology: [ ☐ ] Approved [ ☐ ] Not Approved Signature: \_\_\_\_\_ Date: \_\_\_\_\_