ADMINISTRATOR IMPLEMENTATION CHECKLIST

ADMINISTRATOR NAME:
TITLE:
SCHOOL:
DISTRICT:
SCHOOL YEAR:
I verify that I have
1. Determined which E-rate education implementation option
best meets the needs of my school or district.
2. Introduced my staff to resources.
3. Have implemented topics of digital citizenship referring to
behaviors that are considered appropriate when utilizing technology.
Three CIPA – REQUIRED topics
A) Appropriate online behavior
B) Safety and privacy
C) Cyberbullying
4. Compiled all the TEACHER VERIFICATION documents and
other pertinent documentation that the district requires.
5. CIPA information and resources provide to school
community via school web site.
I hereby certify that the above actions have been carried out
during the 20 20 school year.
SIGNATURE:
DATE: