ZIONSVILLE COMMUNITY SCHOOLS
SOFTWARE REQUEST FORM

Teacher Name:_____

School/Grade Level or Subject Taught:_____

Software Program Suggested for ZCS Purchase:_____

Publisher/Company: _____

Email / Web page (URL) _____

What type of software _____

Where is software to be installed: _____

(1) Please explain how you have been using this program (include the length of time of your trial usage, student groups you've used it with, number of students using the program, minutes per week the students are using the program (home use or schools use).

(2) Please explain the academic purpose of the software program (include standards/skills/content it introduces/reinforces/assesses).

(3) Please explain the strengths of the program and how it benefits students. How does it help accomplish something that cannot be accomplished similarly without it?

(4) What other similar software programs have you used or previewed to accomplish this same purpose? (i.e. including features of programs we already own, free programs, etc.)

(5) Is the software appropriate for all students K-12 or only for a certain age group? (Consider whether there is content in the software that might be inappropriate for some students).

ALL software purchases for use in the classroom must go through a review/approval process that includes the following ZCS departments: Technology, Business Services & the Academic Division.
By way of explanation, this process ensures that:

- We receive the best costs
- Do not replicate purchases
- Are compliant with licensing requirements
- Maintain our inventory
- Allow us to plan our work efficiently
- Avoid purchasing incompatible software
- Comply with the ZCS Tech plan and Corporation policies

Submitted by: _____ Date_____

Approved by: : _____ Date_____
(Building Principal/Department Head)

Approved by: _____ Date_____
(Chief Technology Officer)

Approved by: _____ Date_____
(Curriculum Advisory Team designee)

Technology Dept. Use Only:

Vendor: _____   Cost: _____

Acct. No. Charged: _____   Number of Licenses: _____

Date Ordered: _____