



### iPad App Request Form

*Please complete the following information. Return the document to your Site Tech to begin the approval process.*

Teacher Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade Level/Department: \_\_\_\_\_

Have you previewed the app being requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received grade level/department approval of the app being requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of App & Brief Description: \_\_\_\_\_

a. Developer or Publisher of the App: \_\_\_\_\_

b. Category (example Education, Utility, Reference): \_\_\_\_\_

c. Price of the App: \_\_\_\_\_

<i>Content/Unit Theme(s) in which the app will be used:</i>	<i>How will this app support student learning? (List CCSS)</i>	<i>What evidence will be used to measure student learning?</i>

How many copies of the app are you requesting? \_\_\_\_\_ Single \_\_\_\_\_ Lab \_\_\_\_\_ Other

a. If other, please specify how many copies you are requesting: \_\_\_\_\_

b. Identify which iPads the app needs to be installed to: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

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

Principal Signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

P.O. Number: \_\_\_\_\_