

CCSU SOFTWARE REQUEST FORM

Name _____ Circle School: Hiawatha, Summit, Fleming
Grade(s) _____ ADL, EHS, CTE
Date _____ Westford

**All software request must be approved by the
Executive Director of Curriculum, Instruction, and Assessment or her Designee**

1. Company name _____
Phone # _____
2. Software Title _____
3. Grade level(s) PreK/K 1 2 3 4 5 6 7 8 9 10 11 12
4. Curriculum area(s) _____

5. CCSU Power Standards and Indicators alignment _____
6. Teacher Control *Circle those that apply*
Can the teacher control pace/progress through:
Setting levels Tracking progress
Assessments Printing reports/assessments
No control Don't know yet
7. Prior success Have you experienced success with an earlier version or a similar program? Yes NA
8. Promotion of Equity Does this program support equity (gender, bias free, universal access etc) ?
Yes No Don't know yet
9. Hardware compatibility Attach hardware/software requirements from catalogue or Internet
Attach notations from conversation with IT Network Administrator
10. Pricing information: (fill out or attach copy from catalogue) Single user _____
Lab pack _____ Network _____
11. Demo request All software should be previewed before purchase.
Preview may be open to other grades/staff.
Please request demo for me.
I have already seen a demo.
12. Purpose How will this software support the integration of technology into your curriculum to enhance both teaching and learning?

See back side for approval feedback.

Approval Status:

Yes

_____ Date _____
Signature

TBD

1. Please complete the following information requests (attached).
(Complete after previewing demo/software).
2. Conference with committee requested.
3. Other:

No

Reason(s) _____

Suggestions _____

Attach this form, once approved, to the *Requisition Form* when submitting to your Building Principal.