REQUEST FOR IPAD APPLICATION APPROVAL

Name: ___________________________ Date: ______________

Program/Department: ______________________________

STEP 1: Request iPad Application Approval

A. Area of Instruction (Please circle disciple)
   Early Int. Resource SpeechK12 SpeechEI TeacherK12
   OT VI CMH HI Post-Sec.

   Age/Grade Level: ______________ Other: _________

B. Identify iPad Application Identification:

   iPad Application Name: __________________________
   Website/Application Link __________________________

C. Rationale for Purchase/Upload

   ________________________________
   ________________________________

D. Cost/Fiscal Impact

   Cost of application: _____________ Budget: __________

STEP 2: Information Services Review

A. Meets/Does Not Meet Application Upload Criteria

   [ ] Meets [ ] Does Not Meet

B. Rationale for Decision

   ________________________________
   ________________________________

   IS Designee/Representative

STEP 3: Approval of Supervisor

Program Manager ___________ Director ___________ Asst. Supt./Designee ___________

*No personal reimbursements will be approved for purchasing iPad applications