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 iPadApplication 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