Jamul Dulzura Union School District
Educational Technology Request Form
Submit completed form to Technology Department

School:	Date:
Requestor/Department:	
Name of Software, App or Website:	

Software ☐ App ☐ Website ☐	Y	N	UNSURE	When do you plan on implementing if approved?
Will student data be stored within the system?				
Are user/student accounts required?				

Please select the type of license you will need.

Student/Computer: (how many) ☐ Site License: ☐ District License: ☐

Please provide pricing information if known: (include license cost, annual renewal, upgrade cost, maintenance, training, etc.)

Instructional Evaluation

What are the instructional goals for using this technology?

What specific curricular standards will be addressed?

What are your overall expectations for this technology?

How did you preview the software, app or website?

How often would students use this technology?

Curriculum Approved: ☐ Not Approved: ☐

Signed: _____ Date: _____
Principal

Technology Approved: ☐ Not Approved: ☐

Signed: _____ Date: _____
Technology Director