

Pilot _____ Adopt _____

Mount Vernon School District

Name of Person Requesting Software: _____ Site Location: _____

This form is for the purpose of insuring we have software that is compatible with our technology infrastructure, have engaged in a rigorous analysis to provide high quality software to teachers and students and have a complete software inventory.

**Mount Vernon School District 320
Request for Approval of Instructional Software**

SOFTWARE TITLE: _____ **SUBJECT:** _____

PUBLISHER: _____ **COPYRIGHT DATE:** _____

AMOUNT: Classroom _____ School _____ District _____

GRADE LEVEL: _____ Primary (Pre-K-2) _____ Middle (6-8) _____ Staff Only (PD)
_____ Intermediate (3-5) _____ High (9-12)

HARDWARE REQUIRED: _____ iPad _____ Chromebook _____ Staff Device

PROGRAM TYPE: _____ Simulation _____ Tutorial _____ Teacher Tool
_____ Problem Solving _____ Assessment _____ Graphics
_____ Data base _____ Drill & Practice _____ Informational
_____ Multilingual Support

Do we need to purchase technical support? _____ Yes _____ No

Overall this is recommended because:

_____ it supplements the curriculum

_____ it is developmentally appropriate for differentiation of instruction

Appropriate group instructional size: _____ Individual _____ Small group _____ Class

Is this _____ supplemental or _____ basic part of the curriculum? For which course _____

Explain how this software enhances your course beyond materials currently available to you:

Please use the rubric below to evaluate the software requested.

	Poor – 1 Point	Fair – 2 Points	Good – 3 Points	Excellent – 4 Points
Curriculum Content	No relationship with curriculum content exists. Content does not meet goals or standards	Limited relationship with curriculum content. Content meets few goals or standards. Content is free of racial bias.	Good relationship with curriculum content. Content meets some goals and standards. Content is free of racial bias.	Direct relationship with curriculum content. Content meets goals and standards. Content is free of racial bias.
Interactivity	Lacks enhancements to actively involve the learner.	Minimal enhancements to actively involve the learner.	Contains some enhancements to actively involve the learner.	Possess many enhancements that require learner to remain actively involved.
Critical Thinking	Student not given opportunity to engage in higher level thinking.	Student given limited opportunities to engage in higher level thinking.	Student given some opportunity to engage in higher level thinking.	Student given extensive opportunities to engage in higher level thinking activities.
Accessibility	Graphics/links are not labeled or don't offer rollover labeling, fonts are difficult to read and content does not lend itself to varied learning styles and ability levels.	Graphics/links are seldom labelled or seldom offer rollover labeling, fonts are sometimes used for ease of student reading and some content is accommodating to varied learning styles and ability levels.	Graphics/links are mostly labeled or have rollover labeling, fonts are mostly easy to read and most content supports varied learning styles and ability levels. Multilingual options are available.	Graphics/links are labeled or have rollover labeling, fonts are consistently easy to read and varied learning styles and ability levels are accommodated. Multilingual options are available.
Teacher Accessibility	Software allows the teacher limited to no access to the monitoring of activities, assignments, assessments, and grades.	Software allows the teacher moderate access to whole group monitoring of activities, assignments, assessments, and grades	Software allows the teacher full access to whole group monitoring of activities, assignments, assessments, and grades	Software allows the teacher full access to individual student monitoring of activities, assignments, assessments, and grades

Total Score: _____

ADDITIONAL COMMENTS:

Signature of Person Submitting Request: _____ Date: _____

Signature of Principal: _____ Date: _____

Signature of Teaching & Learning Representative: _____ Date: _____

Signature of IT Director: _____ Date: _____

For Technology Committee to Complete

Approved and Supported

Approved and not Supported

Not Approved

Total Cost: _____

Funding source: Building Teaching & Learning Title LAP
 Other _____

