Topeka Public Schools
District Computer Application (Software) Request Form

This procedure has been established to ensure that all schools, administrative offices, and other Topeka Public School facilities and departments acquire (whether by purchase, grant, or donation) applications that are compatible with District technology. "District Computer Applications" includes any software or web-based application approved and used for District identified purposes. Applications that are not on the approved list will not be installed or supported

Please complete this form in its entirety to request approval for any computer application that is not on the Topeka Public Schools Approved Computer Applications List. Submit the completed form, with approval signatures, to the General Director of Information Technology. Incomplete forms will be returned for additional information. **You will be contacted by the Curriculum Technology Integration Coordinator to set up a time for you to demonstrate the application and review this form with the District Application Review Committee.**

Date: _____   Submitted by: _____   Building: _____

Title of Application (Software): _____

Version Number: _____   Vendor Name: _____

Vendor Phone #: _____Vendor Website: _____

Funding Source: ☐General Fund ☐Title I ☐Other:

_____

Use (Check One): ☐Educational ☐Non-educational

IMPORTANT! If the application is for non-educational use answer only questions 6-13. If the application is for educational use, all questions **must be** completed. If additional space is needed to answer the following questions, please type your response on a separate sheet and attach to this form.

1. Is this applications intended for: ☐Student Use   ☐Teacher Use   ☐Both
    ☐Administrative Use

2. Describe briefly what the software does and how this will improve the educational experience of your students:
    _____
    _____
    _____

3. List classes that will utilize the application:
    _____

4. How does the application align with our district curriculum? (Be specific. Identify learning outcomes this application will address):
    _____
    _____
    _____

5. How will this application help students meet state proficiency guidelines?

    _____

6. Is this application intended for: ☐Specific computers ☐Classroom/Lab ☐School wide use

7. Is this application web based (a site on the Internet) or does it run on specific computers or from a network server? ☐ Web Based   ☐Network Based   ☐ Stand Alone

8. How many people (students and staff) will use this application concurrently? (i.e. How many copies or concurrent users of the application will be required?)
   _____

9. Is there a trial version available? ☐Yes ☐No
   Have you downloaded it and used it with students? ☐Yes ☐No

10. Is there an additional cost for maintenance support (Check one): ☐Yes ☐No If Yes, explain the costs:
    _____

11. How much training will be needed for optimal use of the applications? (If training is provided with the application, include cost and type)
    _____

12. Would you be willing to serve as an expert for this software if others in the district have questions about it? ☐Yes ☐No

13. Please address any relevant considerations not covered above that are important considerations to the application selection in this instance:
    _____
    _____
    _____

Building or District Administrator Approval: _____