

Lincoln Unified School District
EDUCATIONAL TECHNOLOGY IMPLEMENTATION REQUEST

The following form must be filled out whenever a site or department is requesting to purchase or implement Educational Technology, and is required for all server-based applications and installations on 6 or more computers. Educational Technology is that technology used to directly aid instruction either in a classroom or a lab situation.

The purpose of this form is to insure that the material is meeting the educational goals of the district and that the necessary equipment exists or is being ordered to fully implement the project. The signatures below will signify agreement in these areas and will be accompanied by a projected implementation date.

Site	Date	Contact Person:
		Phone Extension:

I. Project Type

New Program
 Replacement of Equipment
 Technology Associated with Instructional Materials

II. Project Description

State your expected outcome for this project:	
Who are the target end users? Students (List grades): Teachers: Other:	Number of Students? Number of Teachers? Number of computers affected:
Is this a duplication or replacement?	If replacement, name of program replacing:
Impact on existing infrastructure: Attach minimum and recommended System Requirements and other relevant documentation from Vendor to address these issues: Will it work with our networks? Will it work with Mac and PC, and your site's versions of the operating systems?	
Reporting capacity: Can individual as well as group (30+) reports be printed? Can student data be exported to Excel or other application?	
Indicate relevant sections and pages of the District Tech Plan:	
Indicate plans and budget sources for <i>immediate</i> and <i>long-term</i> support:	
Indicate plans (who, where, when) and budget for training (EETT funds require 25% of expenditure <i>must</i> for training.):	
What are the licensing requirements and what number of licenses do you plan to purchase?	
How is software updated after initial purchase? Included in initial purchase? Yearly fee?	
Please provide the person to contact for technical support for this proposed technology:	
Name and Title:	
Phone number and e-mail:	

III. Required Signatures:

Principal:	Date:
District Office:	
Julie Hisaka, Coordinator Educational Technology: _____	Date: _____
Jeff Sears, Director Information Technology: _____	Date: _____
Janet Petsche, Associate Superintendent: _____	Date: _____
Katey Talbot, Associate Superintendent: _____	Date: _____

Projected Implementation Completion Date: _____

When form has been completely signed, it will be returned to Contact Person named above. A copy of this form must accompany purchase requisition.