

Technology Request Form

Request Process: All teachers in a grade level must agree that the purchase will benefit every student in that grade. Each teacher must write how the program will be used in their classroom. If there is already a similar program in use at the school, a comparison must be done and compelling reasons shown to purchase a new program.

Please complete all fields and submit via email to Valerie Renggli at vrenggli@csumb.edu.

Date: _____ Grade level: _____

Name and contact information of Submitter: _____

Description of Item Requested: _____

Is there a similar program already in use at PV? If so, why do you believe this new software/ program is necessary?

Anticipated cost: _____

Teacher (1): Why are you are requesting this item and how will it be used in your classroom? _____

(Name & Signature): _____

Teacher (2): Why are you are requesting this item and how will it be used in your classroom?

(Name & Signature): _____

Teacher (3): Why are you are requesting this item and how will it be used in your classroom? _____

(Name & Signature): _____

Teacher (4): Why are you are requesting this item and how will it be used in your classroom? _____

(Name & Signature): _____