IPAD App Request (Special Education Department or School Supervisors and Administration)
Please check the volume purchasing link for the product you are
requesting: https://volume.itunes.apple.com/us/store

Teacher Name: _____   Building: _____

Current Program Assignment (LRC, etc.): _____   Age of Students: _____   Grade Level: _____

App Requested (Name <u>and</u> app link): _____

App Cost: _____   Number of Copies Requested: _____   Total Cost: _____

How would this app be used in your classroom? Please be specific. _____

_____

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How frequently do you anticipate using this app? _____

What is the target age or grade level for this app? _____   If your students are not that age/grade

level, why you believe they still would have interest in the presentation style/content of this app? _____

_____

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_____   _____

Teacher Name   Date

For Supervisor use only

Comments after testing app: _____

_____

_____

_____

Disapprove_____   Approve _____   Cost _____ Building App Acct. to Charge _____

_____   _____   _____

 Supervisor Signature   Principal   Date

September 2012