Teacher IPAD "FREE" App Request
http://www.apple.com/education/apps/

Teacher Name: _____   Building: _____

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

_____

App Requested (Name and **app link**): _____

_____

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

_____

_____

_____

_____

_____

_____

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?

_____

_____

_____

_____

_____

_____   _____
Teacher Name   Date

_____

For Supervisor use only

Comments after testing app: _____

_____

_____

_____

Disapprove_____   Approve _____

_____   _____   _____
 Supervisor Signature   Principal   Date

September 2012