North Central Parke Community School Corporation
Software Request Form

This form is to be completed if you feel you have a need for additional software outside of the typical annual Curriculum Review Process. This form must be submitted to the **Director of Technology and the Curriculum Coordinator prior to any software purchases.** Please complete both pages of this form. The approval process can take as long as 4 to 6 weeks. If approved, time to acquire and install will vary on a case-by-case basis. Forms submitted with incomplete information will delay the decision-making process.

PLEASE NOTE: Any requests may be considered for approval as a Pilot prior to full implementation, as determined by the Director of Technology and the Curriculum Coordinator.

Request Information

Name of Requestor

Date of Request

Email address of Requestor

Phone extension of Requestor

Software Title and Version, if applicable

Software Company/Developer

Description of Software:

Is this an upgrade of an existing package? ☐ No ☐ Yes (Specify): _____

Software Acquisition Information

Name of Software Sales Associate/Company Contact

Name of Reseller/Company

Website Address

(____) _____ (____) _____

Email of Company Contact

Phone

Fax

Estimated Cost of Software

Formal Quotation Number **(Attach to Submission)**

Funding Source: ☐ Free ☐ PTA ☐ Bldg ☐ District ☐ Grant ☐ Other (Specify): _____

Is there an Annual Subscription or Maintenance Fee? ☐ No ☐ Yes (Specify amount): _____

Software Use Information

Who would use this software? (Check all that apply) ☐ Me ☐ Grade Level/Dept Staff ☐ Bldg Staff ☐ District Staff ☐ Students ☐ Other

Where is the software to be used? ☐ Classroom ☐ Lab ☐ Other (Specify): _____

Is formal training required to use the program? ☐ No ☐ Yes

Does the company provide training? ☐ No ☐ Yes

If yes, is there a cost? ☐ No ☐ Yes Cost: _____

Software Application Information

Does this software address an IEP objective? ☐ No ☐ Yes (Specify objective): _____

Describe how the software will be used to meet curriculum goals
or describe how the software will be used to increase efficiency: _____

_____

_____

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Software Recommendation

Signature of Requestor: _____

Signature of Team
Member/Department Head: _____

Signature of Building
Principal/Supervisor: _____

District Approval Process

Dir of Technology NCP   Received by/Date: _____   Reviewed by/Date: _____

Curr Coordinator   Received by/Date: _____   Reviewed by/Date: _____

Tech Coord Committee Review Date: _____   Administrative Team Review/Date: _____

Approval by: _____   Date: _____

Approval as Pilot by: _____   Date: _____

Conditional Approval by: _____   Date: _____

Conditions to be met: _____

_____

Declined By: _____   Date: _____

Reasons for Decline: _____

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