

SOUTH LAKE SOFTWARE REQUEST

DIRECTIONS: *Information on this form must be completed before your request will be processed. If you need assistance consult with your building Media Specialist or the Technology Department.*

Requester: _____ Building: _____
Title: _____ Publisher: _____
Vendor: _____ URL: _____

Phone No.: _____ Address: _____

INSTRUCTIONAL *(If not instructional software skip to Hardware Requirements)*

1. Curriculum area(s): _____ Grade level(s): _____
2. User: 9Teacher demo Individual student Small group Large group
3. Purpose: Basic concepts Review/reinforce Enrichment Remedial Special needs
4. Your experience/knowledge with this software.
 None Previewed Demo User
5. Why did you select this software?
 Peer recommendation Internet review Professional journal
 Previous experience Computer journal
6. Does this replace existing software? Yes No

EVALUATION COMMENTS *(What does software do?, general impression, creativity, overall ease of use, etc.)*

COST

1. Initial cost of this software:
Network version: No. of copies X cost per copy/license = Total cost
Stand-alone version: No. of copies X cost per copy/license = Total cost
2. Will there be any annual expenditure for updates: Yes No
3. Will there be any additional costs for supporting materials: Yes No

TO BE FILLED OUT BY THE TECHNOLOGY AND INFORMATION SERVICES DEPARTMENT

HARDWARE REQUIREMENTS

1. Check all appropriate items: Network Standalone OS _____

Diskette USB CD/RW-ROM RAM _____ HD Space Required _____

2. What other additional components are required? Sound card Microphone Earphones
 Speakers Color printer Joystick Other: _____

3. Software evaluated for compatibility with existing hardware and operating systems: _____

PURCHASE RECOMMENDATION:		<input type="checkbox"/> URGENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	This report was reviewed by the building Media Specialist on _____ and is recommended or NOT recommended for purchase.			
	_____ Signature		_____ Date	
2.	This report was reviewed by the building Administrator on _____ and is recommended or NOT recommended for purchase.			
	_____ Signature		_____ Date	
3.	This report was reviewed by the Technology Dept. on _____ and is recommended or NOT recommended for purchase.			
	_____ Signature		_____ Date	