

Board of Education Policy 3.6120
Administrative Procedure
Software Evaluation Form

This section is to be completed by the school designee(s), i.e., Media Coordinator, TSP, Workforce Development Chairperson, or Technology Committee

Date: _____

Name of Person Completing Form: _____

School: _____

Specific location of software installation: _____

Software Title: _____

Distributor: _____

Vendor Name: _____ Vendor Phone: _____

Price(s) for Single Workstation: _____ Lab Pack: _____

Network/Site License: _____

1. Is this software on the list of approved software provided by the Information & Technology Department? Yes _____ No _____
2. Type of software: (circle one) Network Lab Pack Single Workstation
3. Does it have a management system or student database? Yes _____ No _____
4. If yes, who will be responsible for maintaining this database? _____
5. List the curriculum standard(s) that this software will support.

6. Explain expected student outcome from using this software.

7. Desired purchase/installation date: _____

Once this page is complete forward to school Instructional Technology Specialist.

Date forwarded: _____

Next section completed by Instructional Technology Specialist.

Comments/recommendations : _____

Instructional Technology Specialist's signature: _____

Date ITS forwarded form to Computer Engineer serving the school: _____

Next section is to be completed by Computer Engineer.

1. Display setting or other special requirements:

2. Can the software be run without a CD? Yes _____ No _____

3. Infrastructure or file server upgrades needed? Yes _____ No _____
If yes, what upgrades and estimated cost:

4. Has this software been installed in another school in our county? Yes ____ No ____
If so, where? _____

5. Software technical specifications approved and will be supported.

Yes _____ Not technically approved _____

Computer Engineer's Signature: _____

Date _____