## H A R D W A R E R E Q U E S T F O R M

|  |  |
| --- | --- |
| Name of person making request : |  |

|  |  |
| --- | --- |
| Description of equipment (mfg., model, etc.): |  |

Lake Shore Curricular Content hardware supports:

Science  Social StudiesCommunication*s*

Math  Fine Arts  Physical Education

Media Curriculum  Technical EducationHealth

Career & Employability Skills Research/General  Non-Curricular

Special Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is District funding being requested? |  | If not, ASN: |  | Cost: |  |

|  |  |
| --- | --- |
| Standards/Benchmarks software supports or justification if not curricular: Identify applicable (use reverse side if necessary): | Reviewer’s Comments |
| Minimum hardware requirements: |  |
| Type of computer (make and model #) where it will be installed: |

Grade Level  Building

Requester’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by: (reviewer initials and dates)

Curriculum/Instruction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Send original to the Technology Department; Keep a copy for your records)