

REQUEST FORM



SOFTWARE, APPLICATION, GOOGLE EXTENSION AND WEBSITE

****To use the fillable form, click on "Viewing" and choose "Open in Desktop App." This allows for grey areas to be fillable and checkboxes to be marked****

- **Before you submit this form, please check the approved software list located at:**
[Information Technology - Approved Software](#)
- Software and any related computer equipment which accompany textbooks will **only** be installed with an approved Software Request Form.

Note: If you have reached the blue iBoss screen, fill out the [iBoss Website unblocking form](#) instead of the below form.

STEP 1: TO BE COMPLETED BY TEACHER OR STAFF MEMBER

1. Teacher or Staff Member Name:

2. Site or Location:

3. Room #:

4. Software Title:

5. Publisher:

6. Provide link to software specifications:

7. Copyright year of the software:

8. Course, Grade Level or Department where software will be utilized:

a. Who needs access:

b. How frequently will the program be used by students/or staff?

9. How will the use of this software improve instruction, student learning or office/department efficiency?

10. How will student learning or office improvement be measured?

11. Is this request for assistive technology part of an IEP? Yes No

a. Please provide justification for the purchase without indicating the student's name below:

12. Is a Google Extension needed? Yes No

a. Link to Extension from Play/Chrome Web Store:

Teacher/Staff Member Signature: _____ Date: _____

STEP 2: TO BE COMPLETED BY THE PRINCIPAL OR SITE ADMINISTRATOR

1. Will this new software require training? Yes No
 - a. If yes, what is the site plan for providing this training?
2. If applicable, the software requested supports the teaching of the Arizona Academic Content Standards?
Yes No
3. Is this request Grant Funded? Yes No
 - a. If yes, what is the name of the Grant?
4. Cost of Software:
5. Cost of additional infrastructure if needed:
6. Account Code(s) to be used to purchase:

Software: - - - - - and - - - - -

Additional Infrastructure: - - - - - and - - - - -

Principal/Site Administrator Electronic Signature: _____ Date: _____

STEP 3: TO BE COMPLETED BY THE SITE INSTRUCTIONAL TECHNOLOGY SPECIALIST

If your site does not have and Instructional Technology Specialist, please email itrepair@amphi.com to have a ticket submitted for Technology to assist your site with completing this section.

Due to the variety of hardware and operating systems in the District, it is the responsibility of the site to ensure that the software will work properly on each specific computer in terms of the operating system, hard disk space and RAM, prior to purchase. (**Tech Spec Initials**)

1. Program operating system: _____ Version: _____
2. Is the software web-based? Yes No
 - a. If yes, what browsers are supported?
3. Program media: Network Hard Drive CD-Rom DVD
4. Networked or Stand Alone
 - a. If stand alone, list the computer ASD#(s):
 - b. If networked, will software run on Win 2016 server or below? Yes No
 - c. Hard Disk space required (if applicable): _____ Mb
 - d. Speed of computer required: _____ MHz
 - e. RAM requirements:
5. This software purchase will require the following additional infrastructure:

Network Drops Electrical Outlets Additional Server(s) Installation of Equipment Other
6. Estimated Cost of Infrastructure: (Attach a detailed description of the costs)
7. If this software is web based (software runs on an offsite server), how much dedicated bandwidth per client will be required?
8. Is this a 64-bit application? Yes No
9. Have you tried the Demo Version? Yes No

Return form to the Site Administrator or Principal to be forwarded to:

Lauren McIntyre, Director of Instructional Technology.

Instructional Technology Specialist Name: _____	Date: _____
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STEP 4: TO BE COMPLETED BY SCHOOL OPERATIONS

Director of Instructional Technology, Lauren McIntyre

The software requested has been approved and was evaluated on _____ (date)

The software requested is Not Approved and was evaluated on _____ (date)

Additional Comments:

Director of Instructional Technology's Electronic Signature:

Date:

STEP 5: TO BE COMPLETED BY THE INFORMATION TECHNOLOGY DEPARTMENT

1. Hard disk space required:
2. RAM Requirements:
3. Application:
4. CPU:
5. Current Version:
6. System Requirements:
7. Computer Requirements:
8. Download Information:
9. Training Materials and Tutorials:
10. General Information:
11. Recommendation:

- The current system will run this software with no additional service from IT. This request is **approved** and was evaluated on (date)
- System upgrades will need to occur prior to installation of this product. Pending upgrades, this request is approved.
- The current system will not currently run this software. This request is not approved.
- System upgrades will need to occur prior to installation of this product. These upgrades were unavailable at the time of this request, the request is not approved.

Network Manager's Electronic Signature:

Date: