IPad App Request Form

Individual requesting App Purchase _____

Date_____

App Title
_____

Cost _____

iPad(s) asset tag # _____

Number of Copies of App_____

_____

_

_____

_ Does this meet the requirements for special education reimbursement? ☐ Yes   ☐ No

Section 2: Required for all App Purchases more than $4.99

1. Is this tool for:
   ☐   Instruction
       If yes, what is being taught (i.e. teaching the student a specific skill in relation to reading) very specific about the skill the student will learn or practice.

   ☐   A Compensatory Tool
       If yes, what is the tool compensating for and how (i.e. reading text to the student)?

2. What are the tasks the student will complete?

3. What will be the environment the student will use the app in? (therapy, English class, any social interactions)

4. Describe the types of students that will use this app?

Section 3: For office use only

   ☐   Approved   Apple Code_____   Emailed: _____

   ☐   Denied
       Reason_____

   ☐   Additional Information Needed _____

Director's Signature _____   Date _____