

IPad App Request Form

Section 1: Required for all App Purchases.

Return to Laura Teveldal

Individual requesting App Purchase _____ Date _____

App Title _____ Cost _____

App Description _____

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 _____