

Springfield Local Schools  
Technology Equipment Request Form

Name:

Building:

Room #:

Curriculum/Content Area:

Grade Level(s):

Equipment Requested

|      |       |
|------|-------|
| QTY: | ITEM: |
|------|-------|

|      |       |
|------|-------|
| QTY: | ITEM: |
|------|-------|

|      |       |
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| QTY: | ITEM: |
|------|-------|

|      |       |
|------|-------|
| QTY: | ITEM: |
|------|-------|

Description of intended use:

Standards and/or 21<sup>st</sup> Century Skills addressed:

**Associated Professional Development (Completed):**

**Session:**

**Date:**

**Session:**

**Date:**

**Session:**

**Date:**

**If you have not already attended PD on the use and integration of this equipment, are you willing to attend sessions related to this equipment:**

**YES   NO**

**Session:**

**Date:**

**Session:**

**Date:**

**Session:**

**Date:**

**COMMENTS:**

**OFFICE USE ONLY**

**PROPOSAL NUMBER:**

**COST:**

**APPROVAL:**

**DATE:**

**NOTES:**