INTERNET RESOURCE/TOOL REQUISITION FORM
School District of West De Pere

Submit completed form to the **building Administrator**

Submitted By: _____   Date Submitted: _____

Section I. Internet Resource/Tool Information

Title: _____

Web Address: _____

Date intended for implementation: _____

Section III. Explanation of purpose:

1) Identify the staff and grade levels that will be using the requested resource/tool:

_____

2) Which instructional benchmarks will the resource/tool support? (If applicable)

_____

Section IV. *This section is to be completed by staff in the Curriculum/Technology/Library Services*

Date Received: _____   Date Response Returned: _____

What additional software is needed for utilizing resource/tool? _____

What websites need to be unblocked? _____

Comments:

Resource/Tool is approved for use: _____
                                                              (Signature of Building Administrator)

Resource/Tool meets technology requirements: _____
                                                              (Signature of Department Staff Completing Verification)

Resource/Tool is approved for instructional purposes: _____
                                                              (Signature of Director of Teaching and Learning)

Rev. December 14, 2009

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