

Digital Resource Evaluation Form
Bellingham School District

Applicant: _____

Digital Resource Title: _____

Building: _____ **Room #** _____ **# of Installations:** _____

Part I: Resource Information

Content Area: _____ Grade Level: _____

Source (Company): _____

Sales Rep: _____

Phone: _____ Email: _____

Tech Support Rep: _____

Phone: _____ Email: _____

Resource Type:

Commercial Software Online or Web Resource Free Resource Hardware

Installation Type: CD Download Other: _____

Additional Equipment Needed: _____

Part II: Instruction and Learning Connections

Plan for using the Digital Resource (what, when, how): _____

--Continued Next Page--

Approval Tracking:

Principal or Program Director: _____

Instructional Technology Director: _____

IMC Chair (if required): _____

Computer Services Manager: _____

Part II: Instruction and Learning Connections continued

Describe how the Digital Resource is aligned with curriculum goals and the school and district technology plans: _____

Why was this resource selected over other titles with similar features? _____

Part III: Network and Operating System Information

Please attach a copy of the systems and or computer requirements for the digital resource.

For Network Use only:
Notes:

Administration Privileges:

Bandwidth Needs:

Security/Routing Needs:

Technician Completing Evaluation: _____

Route to Computer Services Manager for signature. Then return to Instructional Technology for tracking.
