

# Rib Lake Paid iPad App Request Form

<b>Teacher completes:</b>						
<b>App Name (please be specific)</b>						
<b>Seller</b>						
<b>Cost</b>						
<b>Customer Rating</b> (scroll down in app description) <span style="float: right;">Not Available <input type="checkbox"/></span>						
<b>How did you learn about this app?</b> (include reviews or we links <input type="checkbox"/> possible review site iEar heep://www/tear/org)						
						<b>When needed</b>
<b>Which iPad account will this app be tied to?</b>						
<b>A. Mücke</b>	<b>G. Anderson</b>	<b>C. Pilch</b>	<b>J. Hedrington</b>	<b>P. Swan</b>	<b>J. Dobbs</b>	<b>J. Radtke</b>
<b>Purpose of this App</b>						
<b>Is this an IEP required resource for a specific student? Yes <input type="checkbox"/> No <input type="checkbox"/></b>						
<b>If yes, when will the student require iPad access?</b>						
<b>All Day</b>		<b>Class Period/which periods</b>		<b>Home/School</b>		
<b>How will this App set be used and integrated into your teaching?</b>						
<b>What training/supports do you need to use this app set effectively with students?</b>						
<b>How are you planning to fund this purchase?</b>						
<b>Teacher Budget?</b> <input type="checkbox"/>	<b>Special Education Fund</b> <input type="checkbox"/>		<b>Title I</b> <input type="checkbox"/>		<b>Other (please list)</b>	
<b>Purchasing Approval (Supervisor completes):</b>						
<b>Where is the money to make this purchase coming from?</b>						
<b>Supervisor Signature:</b>				<b>Date:</b>		
<b>Please Indicate Date the Load Completed:</b>						
<b>Copy to:</b> <input type="checkbox"/> Library/Media Specialist <input type="checkbox"/> Technology Coordinator						