

Westlake City School District Technology Equipment Request Form

This form is to be completed if you feel you have a need for additional or replacement equipment outside of the typical annual District-wide Technology Acquisition and Replacement Process. This form must be submitted to the Department of Academic Services or the Department of Pupil Services **prior to any equipment purchases**. Please complete both pages of this form. The approval process can take as long as 4 to 6 weeks. If approved, time to acquire and install will vary on a case-by-case basis. Forms submitted with incomplete information will delay the decision-making process.

PLEASE NOTE: Any requests may be considered for approval as a Pilot prior to full implementation, as determined by the Director of Academic Services, the Director of Pupil Services and the Director of Technology.

General Request Information

Name of Requestor	Date of Request
Email address of Requestor	Phone extension of Requestor
Type of Equipment (Include Make and Model # if known)	Manufacturer (if applicable)
Is this for replacement of existing equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): _____	

Equipment Acquisition Information

Funding Source: Free PTA Bldg District Grant Other (Specify): _____

Complete the below information if the Technology Department did not provide you with quote information and attach any quote documentation:

Name of Sales Associate/Company Contact	Name of Reseller/Company	
Website Address		
Email of Company Contact	() _____ Phone	() _____ Fax
Estimated Cost of Equipment	Formal Quotation Number	

Equipment Use Information

Who would use this equipment? (Check all that apply)

<input type="checkbox"/> Me	<input type="checkbox"/> Grade Level/Dept Staff	<input type="checkbox"/> Bldg Staff	<input type="checkbox"/> District Staff	<input type="checkbox"/> Students	<input type="checkbox"/> Other
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Where is the equipment to be used? Classroom Lab Other (Specify): _____

Is formal training required to use the equipment? No Yes Does the company provide training? No Yes

If yes, is there a cost? No Yes Cost: _____

Equipment Application Information

Does this equipment address an IEP objective? No Yes (Specify objective): _____

Describe how the equipment will be used to meet curriculum goals or describe how the equipment will be used to improve productivity: _____

Equipment Acquisition Recommendation

Signature of Requestor: _____

Signature of Team Member/Department Head: _____

Signature of Building Principal/Supervisor: _____

District Approval Process

Dept of Acad/Pupil Svcs Received by/Date: _____ Reviewed by/Date: _____

Dept of Technology Received by/Date: _____ Reviewed by/Date: _____

Dept of Business Affairs Received by/Date: _____ Reviewed by/Date: _____

Tech Coord Committee Review Date: _____ Administrative Team Review/Date: _____

Approval by: _____ Date: _____

Approval as Pilot by: _____ Date: _____

Conditional Approval by: _____ Date: _____

Conditions to be met: _____

Declined By: _____ Date: _____

Reasons for Decline: _____