**VANLUE TEACHER HARDWARE REQUEST FORM**

**Instructional Hardware Recommendation Form**

*This form is completed by the person requesting the purchase/implementation of instructional hardware. It is used to provide necessary information about the merit of the product to the district, cost and usage.*

**Technology Device Requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sales Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Web Site for Preview and Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Indicate the target audience for the hardware: check all that apply.**

**□** Pre K-K **□** Gr. 1-3 **□** Gr. 4-6 **□** Gr. 7-9 **□** Gr. 9-12 **□** Teachers **□\_\_\_\_\_**

**2. Target Subject Area(s) for software: Check all that apply.**

**□** Language **□** Math **□** Productivity Tools

**□** Science/Health **□** Student Management **□** History/Govt./Social Studies

**□** Other (specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Product Type: □**Remediation **□**Intervention **□**Enrichment **□**Practice/Reinforcement

**□**Simulation **□**Assessment **□**Problem Solving

**3. Brief Description of Product:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Is there documentation of the effectiveness of this hardware in accomplishing its goal?**

(Please attach documentation) □Yes □No □Not Applicable

**5. Is there any software that you will need to purchase to accompany the device?**

**6. How often will you use this hardware?** ( 20 minutes a day?**)**

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**7. Indicate the applicable costs for this product.** State whether the cost is a unit cost or for

“X” number of student stations.

**Initial/First Year Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Annual Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maintenance or Warranty Cost:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Upgrades:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Costs (electrical, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Please list other Ohio districts currently using this product. Please include person(s):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Please site any reviews of this hardware:**

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**10. Please give us a picture of how it is used in the classroom.** Describe how a teacher would get started in using this hardware. Describe how a teacher would incorporate it into the classroom and how the teacher would manage it.

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