

# Holland Patent Central Schools Portable Device App Request Form

## General Information:

Date Requested: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Department : \_\_\_\_\_

## Software Description:

App Title/Description: \_\_\_\_\_

Publisher: (company name including contact info)

\_\_\_\_\_

Cost Information: \_\_\_\_\_

Number of Licenses Requested: \_\_\_\_\_

Grade Level or Specialty Area: \_\_\_\_\_

Describe the anticipated benefit to student outcome measures: \_\_\_\_\_

\_\_\_\_\_

Describe the anticipated benefit to achieving the NYS & HPCS District Initiatives: \_\_\_\_\_

\_\_\_\_\_

Describe the Common Core/NYS Learning standard(s) being addressed: \_\_\_\_\_

\_\_\_\_\_

## Technical Information:

Device Requirements:

Operating System:      iOS                  Android

## Approval:

Principal: \_\_\_\_\_

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

Assistant Superintendent: \_\_\_\_\_

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

Technology Coordinator: \_\_\_\_\_

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