



SPED/Rogers Public Schools

SPED Software/App Approval Supplemental Page

Requested Platform: ___ Software License ___ Software Subscription ___ Chrome Extension
___ App ___ App Subscription

If a software subscription, does the subscription require renewal? ___yes ___no

Type of install: ___ from Disk ___ internet download ___ web based ___ app purchase

Budget Code : *Account #:* _____

Will this be placed on a students IEP/504 ___yes ___no ___trial needed

Has App/Software been tested or trialed by a SPED Staff Member: ___yes ___no

If yes, list position and name _____

How will this support student achievement: _____

Requested for: ___ immediate purchase/install ___ delayed purchase/install

Requested Installation Date: _____

RPS Inventory #'s for app to be pushed to: _____

Building/room/Location for software to be installed _____

Staff Member contact: _____

Once Completed Submit this form to Sherry Stewart at SSC for approval

*** FOR INTERNAL USE ONLY ***

SSC Notes:

