

Digital Resource Evaluation Form  
Bellingham School District

**Applicant:** \_\_\_\_\_

**Digital Resource Title:** \_\_\_\_\_

**Building:** \_\_\_\_\_ **Room #** \_\_\_\_\_ **# of Installations:** \_\_\_\_\_

***Part I: Resource Information***

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Content Area: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Source (Company): \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tech Support Rep: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Resource Type:

- Commercial Software     Online or Web Resource     Free Resource

Installation Type:  CD     Download     Other: \_\_\_\_\_

Additional Equipment Needed: \_\_\_\_\_

***Part II: Instruction and Learning Connections***

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Plan for using the Digital Resource (what, when, how): \_\_\_\_\_

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***Approval Tracking:***

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**Principal or Program Director:** \_\_\_\_\_

**Instructional Technology Director:** \_\_\_\_\_

**IMC Chair (if required):** \_\_\_\_\_

**Computer Services Manager:** \_\_\_\_\_

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***Part II: Instruction and Learning Connections continued***

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Describe how the Digital Resource is aligned with curriculum goals and the school and district technology plans: \_\_\_\_\_

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Why was this resource selected over other titles with similar features? \_\_\_\_\_

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***Part III: Network and Operating System Information***

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Please attach a copy of the systems and or computer requirements for the digital resource.

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For Network Use only:  
Notes:

Administration Privileges:

Bandwidth Needs:

Security/Routing Needs:

Technician Completing Evaluation: \_\_\_\_\_

Route to Computer Services Manager for signature. Then return to Instructional Technology for tracking.

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