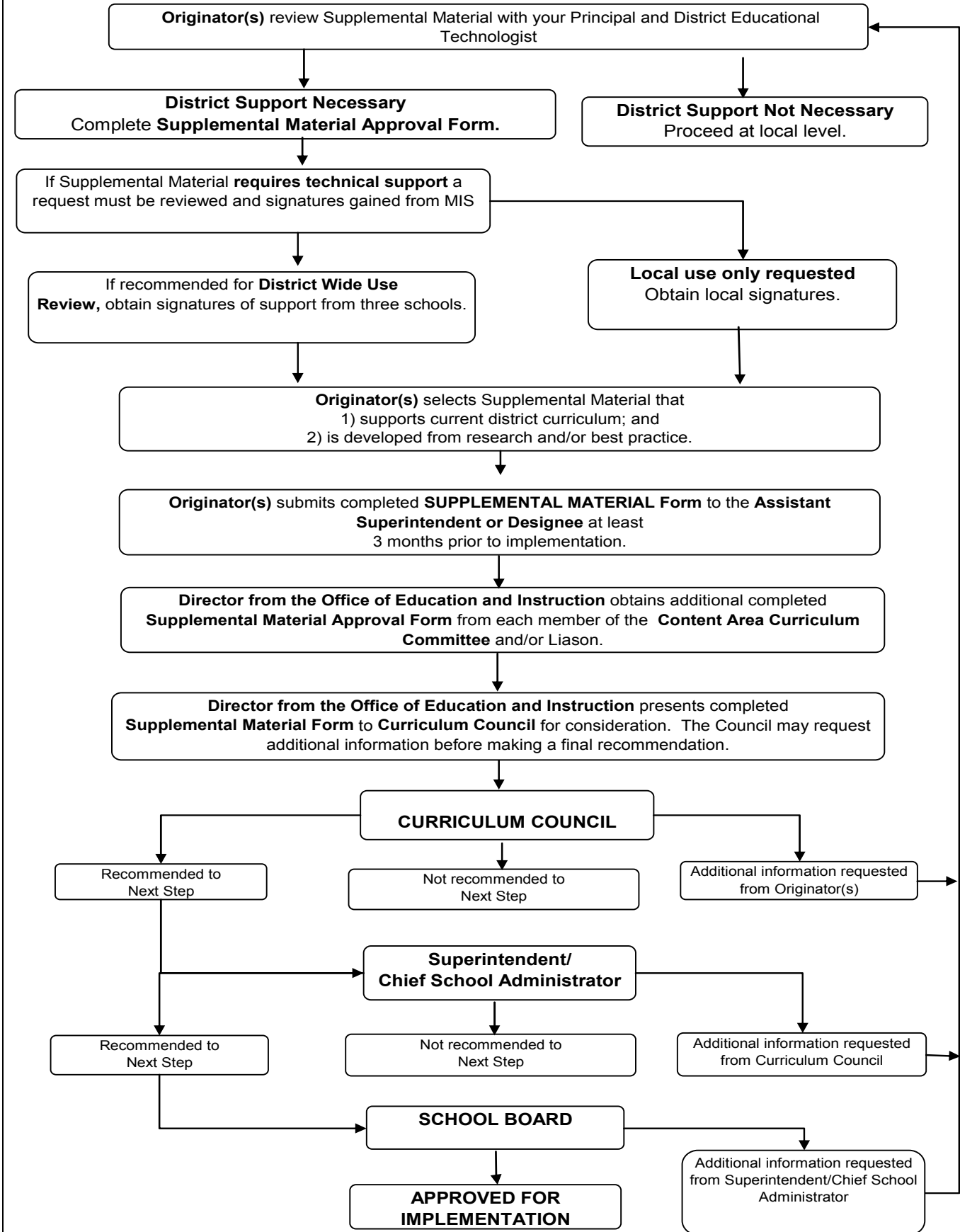


APPROVAL PROCESS FOR SUPPLEMENTAL MATERIAL



Supplemental Materials Approval Form

Title:
Author:
Publisher:
Copyright Date:
Cost site license only: \$
Cost District wide license: \$
Vendor Number:

For Course Name:
Grade Level(s):
Date Reviewed:
School:
Originator:

PART 1

SUPPLEMENTAL MATERIAL: PLEASE PROVIDE THE FOLLOWING INFORMATION.

Description :

PART 2

DESCRIBE HOW THE SUPPLEMENTAL MATERIAL WILL SUPPORT THE CURRENT DISTRICT CURRICULUM IN RELATIONSHIP TO THE MSBSD CONTENT AREA SCOPE AND SEQUENCES:

PART 3

JUSTIFICATION FOR THIS SUPPLEMENTAL MATERIAL (Justification should be based on an assessed need, research, and/or best practice):

PART 4

SUPPLEMENTAL MATERIAL SUSTAINABILITY: (Describe the costs and services needed to implement):

Initial implementation costs:

Annual license fees: site license \$ district wide license \$

Initial implementation services needed:

Five year sustainability (Costs and services for the next five years): / year.

If technical support services are needed from MIS complete Part 5 below: Yes No

PART 5

SUPPLEMENTAL MATERIAL MIS TECHNICAL SUPPORT NEEDED:

Cost Breakdown

Server space: site license \$ / year district wide license \$ / year

Technical personnel: site license \$ / year district wide license \$ / year

Upgrade or patch: \$ / year

Local Server Web Based Local Client

Supplemental Materials Approval Form (Continued)

PART 6

IF APPLYING FOR DISTRICT WIDE USE

PEER REVIEW TEAM: Statements of Support (3-5 signatures from at least 3 schools)

Name: _____ School: _____
Signature: _____ Comments: _____
Check this box for an electronic signature

Name: _____ School: _____
Signature: _____ Comments: _____
Check this box for an electronic signature

Name: _____ School: _____
Signature: _____ Comments: _____
Check this box for an electronic signature

Name: _____ School: _____
Signature: _____ Comments: _____
Check this box for an electronic signature

Name: _____ School: _____
Signature: _____ Comments: _____
Check this box for an electronic signature

PART 7

MIS STATEMENT OF REVIEW:

I have reviewed this Supplemental Material Approval Form and provided information requested.

Name: _____ Position: _____
Signature: _____ Date: _____
Check this box for an electronic signature Name: _____
Comments: _____

PART 8

UNIT ADMINISTRATOR(S) STATEMENT OF SUPPORT:

I have reviewed this Supplemental Material Approval Form and support its implementation.

Name: _____ Position: _____
Signature: _____ Date: _____
Check this box for an electronic signature Name: _____
Comments: _____

PLEASE SUBMIT THIS COMPLETED FORM TO THE ASSISTANT SUPERINTENDENT OR DESIGNEE