

## Digital Textbooks, Resources, and Applications Evaluation and Review Form

***This section is to be completed by the requestor(s) for approval of the digital resource. It is only to be used with materials require the disclosure of personal identifiable information (PII). Materials not requiring PII may be used without approval. Requester should forward the form to the Coordinator of Digital Learning upon completion of first section. Review of forms will occur by committee in October, March, and June.***

Name of Requestor:	School:
Title of Resource:	URL of Resource:
Subject(s)/Grade Level(s) Recommended for Use of Resource:	Cost of Resource: <input type="checkbox"/> Free <input type="checkbox"/> Free/Pay <input type="checkbox"/> Pay Cost: (if pay)    \$ _____ Funding Source _____
Instructional Purpose of Resource:	
Learner Experience: <input type="checkbox"/> Ease of Use <input type="checkbox"/> Functions on Student Device	Comments:
Advertising on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Signature of Requestor:	Date of Request:
Signature of Principal/Designee:	Date:
<b><i>This section is to be completed by media specialist.*</i></b>	
FERPA, CIPA, and COPPA Compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Licensing of Resource: <input type="checkbox"/> Creative Commons <input type="checkbox"/> Paid Licensing <input type="checkbox"/> Traditional Copyright <input type="checkbox"/> Public Domain	Comments:
Signature of Media Specialist:	Date:

***This section is to be completed by technology coach.\*\****

Resource is Compatible with Current Hardware and Network: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Implementation Requirements: <input type="checkbox"/> Staff Rostering <input type="checkbox"/> Technical Support <input type="checkbox"/> Student Rostering <input type="checkbox"/> Third Party Integration Rostering Completed by: _____	Comments:
Signature of Technology Coach:	Date:

***This section is to be completed by the content coordinator.***

Content is accurate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Content is aligned with WCPS curriculum: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Signature of Content Coordinator:	Date:

***This section is to be completed by the assistive technology teacher.***

Resource is Accessible to All Students: <input type="checkbox"/> Alternative Text <input type="checkbox"/> Captions and Transcripts <input type="checkbox"/> Color Contrast <input type="checkbox"/> Interactive Elements <input type="checkbox"/> No Adobe Flash	Comments:
Signature of Assistive Technology Teacher:	Date:

***This section is to be completed by the coordinator of digital learning.***

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Signature of Digital Learning Coordinator:	Date:

\*Materials not FERPA, CIPA, or COPPA compliant cannot be used in WCPS classrooms.

\*\*Materials not compatible with current hardware and network cannot be used in WCPS Classrooms.