## Software Evaluation Form

*Please understand that this process may take 6-8 weeks to properly evaluate the software. Please plan accordingly.* 

## **General Information**

Title of software:				
Subject Area:	Grade Level: Cost:			
The number of students utilizing the software: _				
Manufacturer: Website:				
Submitted by:	School/Department:			
Funding Source:	Date:			
Technical Specifications and Total Cost of Owne	ership			
What is the purchase cost of the software?	What is the cost of a site license?			
Number of user licenses needed:	_ Annual cost after year one:			
Annual technical support cost:	Initial training cost:			
Additional training cost and frequency:				
If additional hardware is required, what funding source will be used?				
NOTE: Recommended specifications are often different than Minimum specifications				
Volume Discount (if any):	Recommended Memory:			
Recommended Operating System:				
Recommended Amount of Hard Disk Space:				
	Recommended Processor Speed:			
Are headphones or speakers needed?	Required plug-ins (i.e. Flash, Active X, QuickTime)			
What bandwidth is needed:	What outbound ports are required?			
Does the application need to maintain user reco	rds? Is the application SIF compliant?			
Can the application be used with wireless technology	blogies? Does the application require			
software to be installed on each client machine?	Are pop-ups required?			
Are there any other requirements not listed?				

## Alignment to GPS, Learning Styles, and Effectiveness (Instructional Software)

How is this software aligned to the Georgia Performance Standards? What is the targeted student population (i.e. SPED, EIP, ESOL, etc.)? Are you currently using software to reach this group? If so, what software are you using?

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What impact will this software have on student learning? Will it be used in a lab or as a stand-alone? What learning styles does it address? What skill levels are covered?

What is the evidence of academic effectiveness? What research has been done to show that this software is effective?

If this is intervention software, what RTI tier does this software address?

Approval Process – please enter your initials if the software meets approval and enter the date

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Building Media Committee: Appre	oved Disapprove	dDate	
Leadership Team: Approved	Disapproved	Date	
Principal: Approved	Disapproved	_Date	
Curriculum: Approved	Disapproved	Date	
Instructional Technology: Approv	ed Disapproved	Date	
Funding Source: Approved	Disapproved	Date	
Executive Director: Approved	Disapproved	Date	