

# Technology Competency Award

Name of Teacher: \_\_\_\_\_

Campus: \_\_\_\_\_

Award: \_\_\_\_\_

Below is a list of the hardware and/or software that I would like to purchase with my Technology Competency Award Funds. I understand that:

- \*my requests will be reviewed by the District/Campus Administrators and Curriculum Directors and Instructional Technology Specialist.
- \*all items will be purchased through HDOT
- \* all items purchased remain the property of HISD
- \* all items purchased may be used my receipt as long as I am employed by HISD

<i>Item requested</i>	<i>Rationale for Request</i>	<i>Cost of item</i>

Signature of Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed, signed form to Joan Ragland, Instructional Technology, before Spring Break.**  
 When completed form is received by IT Department, request will be reviewed and items ordered.  
 Mrs. Ragland will keep teacher updated on status of requests.

**DO NOT COMPLETE ITEMS BELOW. TECHNOLOGY DEPARTMENT ONLY.**

**Request will be reviewed by:**

Campus Principal: _____	Date: _____	___ YES	___ NO
Curriculum: _____	Date: _____	___ YES	___ NO
Technology: _____	Date: _____	___ YES	___ NO
District Admin: _____	Date: _____	___ YES	___ NO

**Notes/ Additional Information/Comments**