

Instructional Technology Request Form

Faculty Contact Information – to be completed by the requesting faculty member.

Name: Gabriel Cuarenta-Gallegos Date of Request: 10/19/18

Department: Mathematics Additional Requestor(s) Gabriel Cuarenta-Gallegos

When would you like to start using technology: Fall 2018 Spring 20 Summer 20

INSTRUCTIONAL TECHNOLOGY INFORMATION

Type and Quantity: Web Application Canvas Desktop Application Hardware

Description (Brand, Model #, Version etc. Describe the hardware or software; provide website or other information):

Please add the "MyOpenMath" external app into Canvas. I would to integrate the open source tools available for the Math 242 Precalculus Algebra course into Canvas. This will allow me to integrate the online homework tools and videos. The configuration URL is below:

<https://www.myopenmath.com/canvas.php>

Where will it be used? Individual Classroom Online Faculty Use

IMPACT ON STUDENT LEARNING

How does this hardware/software fit into the district-approved curriculum?

The website resources directly correlate with the Math 242 Curriculum.

How will this hardware or software be used to improve student learning?

The website allows students access the open source textbook, homework, and lesson videos. The resources will allow students to review and learn concepts at their own pace.

Please explain how the hardware or software meets 508 and WACG 2.0 Compliance or report any accessible concerns

and how you will make accommodations? All the videos for our Math 242 are ADA compliant.

How will you assess that this tool has impacted student learning?

Course success rates and student surveys.

Administrators Approval (Dean or Director): _____ Date: _____

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Forward your form to the Technology Committee to be reviewed by Information Technology and the Instructional Technologies Task Force.

INFORMATION TECHNOLOGY USE ONLY

DISTRICT INFORMATION

Location(s) to be installed (building#, room #, workstation #, LMS)

Installation Cost(s) _____

Budget: District Building Other _____ (Specify- Donation, Grant, etc.)

Identify any continuing hardware costs (replacement cost, bulbs, etc.)

of licenses needed: _____

License options available:

Single \$ _____ Lab Pack (Qty.: ____) \$ _____ Site (Qty: ____) \$ _____

Type of License:

New to the district Upgrade of an existing license Additional licenses of existing software

VENDOR INFORMATION

Vendor Quote#: _____ (please attach quote) **Name of Vendor:** _____

Contact: _____ **Phone:** _____ **Website:** _____

Address: _____

IT Comments / Notes:

IT Approval: _____ **Date:** _____

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TECHNOLOGY COMMITTEE FOR COMMITTEE USE ONLY

STAFF DEVELOPMENT

● What training is needed to implement this hardware/software?

● When & how will training be accomplished?

● Is training available from the vendor? yes no Associated cost?

Additional Comments:

ADA - 508 / WCAG 2.0 Compliant: yes no

Comments / Recommendations / Accommodations Necessary:

Student Privacy / FERPA Compliant: Compliant: yes no

Comments / Recommendations

Legal Compliance: yes no

Comments / Recommendations

Instructional Technologies Task Force Approval: _____ Date: _____

Technology Committee Approval: _____ Date: _____