iPad App Consideration Form
School District 126

Staff Member Name ______________________ Date __________

App Name ________________________________

App Developer’s Name ____________________ Cost __________

How did you learn about this app?
   _____ Magazine / Advertisement  _____ Saw it in action  _____ Came Across it on my Own
   _____ Workshop  _____ Recommended by Some One

How will you instructionally implement this app in your classroom?

____________________________________________________________________________________

How will this app help your students?

____________________________________________________________________________________

What skill(s) does this app address that a current app does not include?

____________________________________________________________________________________