Technology Pilot Project Proposal

Form F521-1

Project School and Contact Information: Please submit this form complete with all relevant information to the District Manager of Information Services			
Pilot Project Title:			
Proponent Name:		**Proponent Title:**	
Proponent email:		**Proponent Phone:**	
School/Department:		**Submission Date:**	

Project Details:	
Project Hardware	**Project Software**

Expected Outcomes: **(potential benefits)**	
Supports Required: **(school and/or district)**	
Timeline: **(include expected length of pilot or "open ended")**	

Office Use Only:			
Approved as pilot:	Yes / No	**Date:**	
		Signature:	
Rationale and conditions:			

Post-Pilot Outcomes:	
Review Notes:	

Last reviewed: October 2015