



Tablet Application Consideration Form

Site Name: _____
Site Director: _____
E-mail: _____ **Phone Number:** _____

Please use this form to provide information about a tablet application you would like the committee to consider as a supplement to an existing lesson plan. If you are suggesting a new Lesson Plan idea, please use the Abstract Submission Form. Please note, proposed applications can only supplement, not replace, instructional tools in any Lesson Plan. You must address all categories below.

Application platform (e.g., iPad, Kindle Fire, etc): _____

Name of application: _____

Cost of application: _____

What type of application is this?

- Learning Activity Simulation Game Other: _____

Provide a brief synopsis of the application.

Name of the associated Lesson Plan (LP): _____

How does this application satisfy the objectives of LP it will supplement? (Please be specific.)

How many tablets per class are necessary to use this application effectively? _____

How many minutes of interaction with the application are required to reach the intended goal? _____

How will this application be incorporated into the existing LP? (i.e. as a station, etc)

In a one or two page overview, please compile and forward any screen captures that will facilitate the review of this tablet application. Directions to capture screen images can be found online.