



SAU 41 Technology Initiative Approval Request *Cloud Based Software Services*

(Go to File > Make a copy... for editing)

Title of Cloud Vendor:

Author Contact Information:

School:

Desired Implementation Date:

Because student privacy and FERPA considerations are of the utmost importance, it is critical that information extracted from any SAU41 database for the purpose of uploading to any Internet cloud system be evaluated and approved by administration.

1. Description of cloud technology request.

What is the name of the cloud system. (include URL)

How did you hear about the site?

What and how will curriculum will be delivered?

Were other options considered?

Who will be using this site?

What type of information will students be entering?

2. Who will be using this technology (Administrators, Prof Staff, Support Staff, Office Staff, Students, Other? Please check all that apply.

Technology users: Check (X) all that apply:

Administrator ___ Professional Staff ___ Support Staff ___ Office Staff ___ Students ___ Other ___

3. Does it require student information to be uploaded? Please be specific as to what student information will be uploaded. Place X next to all that apply.

PowerSchool ID -
Last Name (powerschoolid) -
First Name -
Grade Level -
School -
Date of Birth -
Home Room -
Password -
Student Email -
Other (Indicate the information)

4. [FERPA](#) Considerations

Does the site have any age restrictions? (some sites require guardian permission if a child is under 13 years of age)

Please include a link to the vendor's privacy statement.

Has the vendor signed the [Student Privacy Pledge](#)?

Have other schools in the area been contacted for their experience.

5. Funding?	
Is there a cost and is it budgeted?	
Account line for funding?	
What is the cost per user and total cost?	
If there is a recurring cost, what amount and how will the cost be funded?	

6. Professional Development - How will Professional Development for staff be delivered? If funding is needed for PD, how will it be funded?

7. Technology Dept - Please discuss with Network Administrator as needed.
<p>Will the current network bandwidth support the initiative?</p> <p>Will adjustments need to be made to the Internet filter or firewall?</p> <p>Will there be required Professional Development for the tech dept?</p> <p>How will the PD be funded and delivered?</p>

8. Who will manage accounts and setup of the cloud service?

Will this initiative need ongoing support and maintenance (ie creating/deleting accounts/passwords)? If so, who do you see as the person(s) providing these functions?

How will account maintenance be managed? (if a student or staff member leaves the district how will the account deletion be managed)

Technology Initiative Review Signatures: **MUST HAVE ALL SIGNATURES**

Staff Member: _____

Date: _____

Principal: _____

Date: _____

For SAU Office Use Only

Approval Request Process:

Date Received _____ Initials _____

Committee Meeting Date _____

Approved Yes or No Date _____

Reason if not approved: _____

Signatures once approved/disapproved:

Business Administrator _____ Date: _____

Network Administrator _____ Date: _____

Assistant Superintendent _____ Date: _____