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|  |  | **Tolleson Union High School District**  **ID Lab/Cart Use Proposal** |

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| **Background** | | | | |
| **Teacher:** | Click here to enter text. | **Today’s Date:** | Click here to enter a date. |
| **Class(es):**  **Course name/**  **grade levels** | Click here to enter text. | **Date(s)**  **requested:** | Select date  **to**  Select date. | |
| **Specify Lab or Cart** | Lab Cart No preference | | | |
| **LAB/CART PROPOSED USE** | | | | |
| **Please briefly describe the intended lab/cart use. Why are the computers required?**  Click here to enter text. | | | | |
| **DESIRED RESULTS** | | | | |
| **Lesson/Unit Standard(s):** *Which state standards does this lesson/unit address?*  Add content standards. You may also select ACCR ELA/Math Practices standards using dropdown menus.  Content standards:  Click here to enter text.  **ACCRS Literacy 9-10:** RH.9-10 | RST.9-10 | WHST.9-10 | SL.9-10  **ACCRS Literacy 11-12:** RH.11-12 | RST.11-12 | WHST.11-12 | SL.11-12  **Mathematical Practices (MP):** Select Mathematical Practice. | | | | |
| **Integrated Technology Standard(s):** *Which educational standards does this lesson address?*  Select using dropdown menus  S1 | S2 | S3 | S4 | S5 | S6 | | | | |
| **Knowledge:** *Students need to know:*  Click here to enter text. | **Skills:** *Students need to be able to:*  Click here to enter text. | **Technology Skills:**  Click here to enter text. | | |

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| **Email completed form to your school media center specialist who will reply with request status.** |
| **approved  not approved** | |