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

|  |
| --- |
| **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 menusS1 | 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. |

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