Signature of Reviewer

_____Department

_____Email

_____Phone Number

Overall Recommendation

Recommend This Product _____

Additional Information Needed _____

Insert Date

Insert Product Name Here

Targeted Grade Levels:_____

Targeted Audience: _____

Evaluation of Product

Criteria	Met Yes/No
Ease of access using technology via the web	
Student data can be reviewed, reported and collected at the district level	
Curriculum content meets Florida NGSSS, Common Core and /or RTI requirements	
Curriculum content is current and of high quality	
Program could be implemented for the 20XX-20XX school year	
Product reaches a diverse student population	
Network connectivity, deployment and operation have been reviewed by the Information Technology Office for functionality and compatibility.	
Product works in a wireless environment.	
Product meets the targeted curriculum district pacing guides.	

Cost:

Per site/District:_____:_____

One Time or a Recurring Cost:_____

Per student license or Per seat license_____

Professional Development Cost_____

Technical Fees_____

Hardware needed (computer workstations, servers, virtual servers)_____

Professional Development:

Pre-planning time required to implement this product. _____Yes _____No

(Examples: meeting with principals, guidance counselors, school operations, training teachers)

Comments:_____

(Estimate the amount of lead time required to implement this program)

Online training/tutorials is/are available for teacher reference._____

Issues/Concerns:

_____

_____

_____

_____

_____

_____