

IPAD Usage Request

Teacher's Name _____ Circle: AP EOC other

Date Request Submitted: _____ Date Needed: _____

Block(s): _____

Subject(s): _____

Common Core state standards: _____

App Requests : name of the app(s) and any descriptors that will help ensure that the exact app(s) is downloaded

Sign Out: *Teacher's Signature:* _____ Date: _____ Time: _____

Sign In: *Teacher's Signature:* _____ Date: _____ Time: _____

LIBRARY USE ONLY

Date cart returned: _____ Time returned: _____

Cart returned following proper procedures: **Yes** **No**

Comments: _____
