

# Department of Technology

## Technology Implementation Form 1

Please complete a **Technology Implementation Form 1** for each new technology purchase or when moving technology equipment to a new location. Please return it to the Director of Technology **at least two weeks before the new technology is purchased or old equipment is scheduled to be moved.** The director of Technology will schedule a conference with you to determine a feasible timeline for implementation and/or installation of the equipment. (Please make as many copies of this sheet as necessary.)

**Project Name:** \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Purchase Order Number: \_\_\_\_\_

**Campus:** \_\_\_\_\_ **Campus/Department Contact:** \_\_\_\_\_

**Contact's Cell phone:** \_\_\_\_\_ **Land line:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

### Hardware

**Vendor Contact Name:** Discovery IT

**Vendor Address:** \_\_\_\_\_

**Vendor Telephone Number:** 409-727-7080

**Vendor E-mail Address:** stephenc@discoveryit.com

SOFTWARE IMAGE (physical curriculum/software to be placed on computers)

### Software

**Vendor Contact Name:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Vendor Telephone Number:** \_\_\_\_\_

**Vendor E-mail Address:** \_\_\_\_\_

**Software access key/number for web:** \_\_\_\_\_ **License:** \_\_\_\_\_

**Web address:** \_\_\_\_\_

### Software

**Vendor Contact Name:** \_\_\_\_\_

**Vendor Address:** \_\_\_\_\_

**Vendor Telephone Number:** \_\_\_\_\_

**Vendor E-mail Address:** \_\_\_\_\_

**Software access key/number for web:** \_\_\_\_\_ **License:** \_\_\_\_\_

**Web address:** \_\_\_\_\_

### PAISD STANDARD:

\*[All Current Windows Updates](#)

\*Microsoft Office 2007 or higher / and updates \*Join all admin pc's to PAISD Domain

\*Compatibility pack for 2007 office system if 2003 \*Join all others to local domain

\*Adobe Reader \*Set homepage to [www.paisd.org](http://www.paisd.org)

\*Current local admin user and password \*Install CA

\*Printer driver pack \*

\*ULC free media player \*

\*Adobe Flash Player \*

\*Setup to local printer \*

\*IGPRO/class XP/SASI client \*

\*AS/400 client \*

## Campus Technology Implementation Form

Campus Location of Equipment: Room no: \_\_\_\_\_

Client/User's Name(s) :

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Equipment to be received and connected:

\_\_\_\_ Computer      (Dell    Apple    HP)    Model numbers) \_\_\_\_\_  
 \_\_\_\_ Server(s)      (Dell    Apple    HP)    Model numbers) \_\_\_\_\_  
 \_\_\_\_ Printer(s)      (Dell    Apple    HP)    Model number(s) \_\_\_\_\_  
 \_\_\_\_ Scanner(s)      (Dell    Apple    HP)    Model number(s) \_\_\_\_\_  
 \_\_\_\_ Projector(s)      (Phillips   Enfocus   Other)    Model number(s) \_\_\_\_\_  
 \_\_\_\_ Wireless cart(s)    Brand name: \_\_\_\_\_    Model number(s) \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Technology Director: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signature of Vendor Contact: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

### TO BE COMPLETED BY THE TECHNOLOGY DEPARTMENT:

<i>Technology Department Use Only</i>	
FORM 1 received: _____	
Job completed: _____	
List of Software delivered to Roylene is as follows:	
Software delivered to <b>Roylene Fontenot</b> on: __/__/__	
User password: _____	Student password: _____

\*Special Notes for installation:

FORM 1 Original - Director of Technology  
Copy - Campus