



READS

TECHNOLOGY REQUEST FORM

DATE: _____

PROGRAM: _____

LOCATION/CLASSROOM: _____

TEACHER/PROGRAM DIRECTOR _____

PLEASE CHECK AS APPROPRIATE:

EMERGENCY

REQUEST

DESCRIPTION – PLEASE BE VERY SPECIFIC IN TERMS OF THE LOCATION AND NATURE OF THE PROBLEM

PLEASE EMAIL COMPLETED FORM TO: cpavao@readscollab.org

Copy to ddowd-pizzuto@readscollab.org & mfoye@readscollab.org for Grove St

Copy to ddowd-pizzuto@readscollab.org & mclougherty@readscollab.org for School St

FOR OFFICE USE ONLY

DATE COMPLETED:

FOLLOW-UP: