



STI Services Request

**Please use this form to request STI services. Upon receiving this request form, further documentation and/or information may be requested or needed regarding the specific service.*

Contact person (<i>Schalmont employee</i>): _____	Build.	Ext.:	Office Use:
Email: _____ Date: _____ I. InService/Workshop (<i>title</i>): _____ Program cycle (<i>Spring, Summer, Fall</i>): _____ Grade level (<i>primary, Inter., MS, HS</i>): _____ Subject material/topic: _____ Rationale: <i>Please reference standard and/or building/district goals:</i>			
II. Library - *Purchasing requests/proposal only. Please contact STI office to borrow library materials. Media Source (<i>book, DVD, website, etc.</i>): _____ Title: _____ Purchasing information (<i>company, price</i>): _____ Rationale: <i>Please reference standard and/or building/district goals:</i>			
III. Equipment - * Purchasing request/proposal only. Please use "STI Equipment request form" to sign out STI equipment. Equipment type (<i>camera, projector, software ,etc.</i>) _____ Purchasing information (<i>company, price</i>): _____ Rationale: <i>Please reference standard and/or building/district goals:</i>			
IV. Supplies – *Request for classroom supplies needed to support approved STI Professional Development program or STI equipment Program: _____ Description of supplies: _____ Purchasing information (<i>company, price</i>): _____ Rationale: <i>Please briefly describe why these supplies are needed for this program</i>			
Contact Signature: _____			

