



APP Rationale Form

For the educational purchase of ipod/ipad apps...

(Please complete and submit this form to the technology office, through Heather Hunt.)

Teacher Name: <u>Sandy Janyga</u>	Building: <u>Elementary Bldg.</u>
Grade Level and Content Area: <u>Occupational Therapy K-12</u>	
Name and Cost of App: <u>Words-free</u>	
URL of App, if available:	
Brief description of the App: <u>Pre-primer → 3rd grade - learning level + style + design to grow with child. Tracing words, spelling words, nouns, sight word list.</u>	
Plans for classroom use of the App: <u>EHA will use c-saddles that require fine motor skills practice as well as eye-hand coordination.</u>	
Connection to NYSED P-12 Common Learning Standards: (see http://engageny.org/teachers/) <u>EHA</u>	
Evidence that this App has worthwhile classroom value: (include specific students groups who would use it, other contents areas where it could be used, access to a demo or tutorial on the App, etc) <u>* will use to ↑ f.m. skills, eye-hand coordination skills to improve written commun. skills in the classroom.</u>	