

## Request for Digital Flip Video Lab

Please complete all information and email the completed request to Pat Johnson ([patjohnson@lisd.org](mailto:patjohnson@lisd.org)) at least two weeks prior to your requested dates.

You will be notified if your request is approved.

The educator requesting the use of the digital Flip Video lab is responsible for collecting the equipment from Pat Johnson, room 153, Education Support Center (ESC) and returning the equipment at the end of the reserved time to the same location.

Please show consideration for fellow educators by returning the equipment on time.

This equipment should not be allowed to leave the school/campus unless the described purpose includes a field trip to a specified location.

Campus/Room #	
Teacher Name	
Teacher email	
Grade(s)	
Subject(s)	
Requested Dates (Ex: 9/13/04 through 9/17/04) <b>Max. of two weeks</b>	

### Subject TEKS:

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### Technology Applications TEKS:

(Refer to the K-8 technology applications TEKS or the district technology scope and sequence at [http://www.lisd.org/technology/itweb/TechScope/topics/basic\\_computer.html](http://www.lisd.org/technology/itweb/TechScope/topics/basic_computer.html) .)

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### Curriculum Area(s) – Check all that apply

<input type="checkbox"/>	Reading	<input type="checkbox"/>	Math	<input type="checkbox"/>	Music	<input type="checkbox"/>	Art
<input type="checkbox"/>	Writing	<input type="checkbox"/>	Science	<input type="checkbox"/>	Social Studies	<input type="checkbox"/>	Health
<input type="checkbox"/>	Spelling	<input type="checkbox"/>	PE	<input type="checkbox"/>	Foreign Language	<input type="checkbox"/>	Other

### Brief Description of Student Product

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