



Technology Considerations

Date and Time of Lesson/Program:	
SET UP REQUIRED Check all that apply	<div><input type="checkbox"/> BYOD? Yes or No</div> <div><input type="checkbox"/> Wifi/Internet Connection Network ID _____ Password _____</div> <div><input type="checkbox"/> Computer(s): desktop or laptop Number I have _____ Number I need _____</div> <div><input type="checkbox"/> Screen</div> <div><input type="checkbox"/> iPads Number I have _____ Number I need _____</div> <div><input type="checkbox"/> Projector</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Speaker(s)</div>
Preparation Checklist	<p>Did I...</p> <ul style="list-style-type: none"><input type="radio"/> Contact the principal/education director to get the appropriate set up for the day and time needed (see above checklist)?<input type="radio"/> Contact parents/students about what device to bring on which day?<input type="radio"/> Ask parents/students to label the device they are bringing in?<input type="radio"/> Remind parents/students to have any lock screen passwords with them when they bring their device?<input type="radio"/> Ask parents/students to preload the required App or bookmark the website that we will be using?<input type="radio"/> Bring my own device with a sample already prepared?<input type="radio"/> Test, test and retest the setup and application before and on the day of? <p>😊😊😊</p>

Notes: