**TECHNOLOGY NEEDS ASSESSMENT APPLICATION**

**Fall 2019**

Technology: Programs should list the technology needed to provide ongoing service or instruction, and an approximate cost of the request. *Technology that is listed in this category will be forwarded to Campus Technology Services to evaluate through their own processes.*

|  |  |
| --- | --- |
| Name of Person Submitting Request: |  |
| Program or Service Area:  |  |
| Division: |  |
| Date of Last Program Efficacy: |  |
| What rating was given? |  |
| Amount Requested: |  |
| Strategic Initiatives Addressed: |  |
| Needs Assessment Resources (includes Strategic Initiatives): | <https://www.valleycollege.edu/about-sbvc/campus-committees/academic-senate/program-review/needs-assessment.php> |

Replacement ☐ Growth ☐

1. **You are required to meet with Rick Hrdlicka – Director of Campus Technology Services--by WEDNESDAY, OCTOBER 9 if you are submitting a Technology Needs Request. 909-384-8656 or** **rhrdlicka@sbccd.cc.ca.us****.**

**Please provide the date of your meeting.**

|  |
| --- |
|  |

1. Projects that require modification to Buildings or Rooms will require a Facilities Need Request. Will this project require facilities changes?

|  |
| --- |
|  |

1. What technology-based equipment or software are you requesting?

|  |
| --- |
|   |

1. Indicate how the content of the department/program’s latest Efficacy Report and/or current EMP supports this request and how the request is tied to program planning. *(Directly reference the relevant information from your latest Efficacy Report and/or current EMP in your discussion.)*

|  |
| --- |
|  |

1. Indicate any additional information you want the committee to consider *(for example, regulatory information, compliance, updated efficiency, student success data, or planning, etc.).*

|  |
| --- |
|  |

1. Provide a complete itemized list of the initial cost, as well as related costs (including any ongoing maintenance or updates) and identification of any alternative or ongoing funding sources. (*for example, Department, Budget, Perkins, Grants, etc.*)

|  |
| --- |
|  |

1. What are the consequences of not funding this request?

|  |
| --- |
|  |