

SECTION III: BUILDING-LEVEL TECHNOLOGY INVENTORY

1. What grades does your building support? (Check (✓) all that apply.)

- Pre-K 1 3 5 7 9 11
 K 2 4 6 8 10 12

2. _____ Total number of students in your building?

3. _____ Total number of classrooms in building?

4. Yes No Does your district currently have an approved 3-year District Technology Plan ?

If Yes, what is the expiration date? _____

5. Yes No Does your building have a LAN?

5a. If Yes, what type of access do you have to your LAN? (Check (✓) all that apply.)

- Token Ring 100 mb Ethernet Fiber Optic Backbone
 10 mb Ethernet Gigabit Ethernet Wireless LAN

5b. _____ Total number of classrooms wired to district/building LAN?

5c. _____ Total number of classrooms wired to district/building LAN and have high-speed Internet access?

6. Yes No Is your building connected to a district-wide WAN?

7a. How is this building connected to the Internet?

- Direct Connection Not Connected
 District WAN Other (specify) _____

7b. What type of telecommunication access do you have to the Internet? (Check (✓) all that apply.)

- Dial-up DSL T3
 ISDN T1 Wireless
 Cable Modem Fractional T1 Other (specify) _____

7c. Who is your district/building Internet Provider?

- Illinois Century Network Not Connected Other (provide name) _____

7d. Yes No Does your building have a filtering program?

If Yes, Name of filtering program? _____

8a. _____ How many computers do you have in your building?

8b. How many computers in the building are connected to the Internet?

- _____ Administrative
_____ Classroom (number computers per classroom)
_____ Library
_____ Stationary Labs
_____ Mobile Labs
_____ Other _____

SECTION III: BUILDING-LEVEL TECHNOLOGY INVENTORY (Continued)

9. What is the average age of these computers?

- 0-1 year
- 2-3 years
- 4-5 years
- Over 5 years

10. Please rate the degree to which the following physical plant characteristics impedes using technology for teaching and learning:

1 = Does Not Impede at All TO **5 = Impedes a Great Deal**

| | 1 | 2 | 3 | 4 | 5 | | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Electrical wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Asbestos | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Power supply | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Walls, flooring, ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Furniture or workstations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Heating or air conditioning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. Space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Does your building have:

- Yes No Technology Director (works directly with computers)
- Yes No Instructional Technology Coordinator (works with integration of technology into curriculum....not the same person as the Technology Director)
- Yes No Library Media Specialist
- Yes No Network Specialist

Upon funding, the agency/organization identified above agrees to deliver the services/products described in the attached proposal.

Signature of School District Superintendent

Date

ISBE USE ONLY

The services and/or products described in the attached proposal are in accordance with the terms and conditions of this Request for Proposals and upon execution by the properly authorized representative of the Illinois State Board of Education shall constitute the terms and conditions of a binding contractual agreement between the State Board of Education and the provider of the services or products. The terms and conditions of the agreement shall be immediately in effect and may not be altered without the express mutual written agreement of the parties.

Signature of Authorized Official - Illinois State Board of Education

Date

Title