

**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*