

# SCHOOL SYSTEM ASSESSMENT FORM



<b>NAME OF SCHOOL</b>	
<b>CONTACT NAME</b>	
<b>CONTACT NUMBER</b>	
<b>NAME OF SYSTEM</b>	
<b>PROVIDERS DETAILS</b>	
<b>IS SYSTEM PURCHASED OR LEASED?</b>	
<b>HOW MUCH DOES THE SYSTEM COST?</b>	
- INITIAL	
- RUNNING/ONGOING	
<b>WHAT DO THE COSTS RELATE TO?</b>	
<b>DATE SYSTEM IS TO BE IMPLEMENTED</b>	
<b>WHAT BENEFITS WILL THE USE OF THIS SYSTEM BRING?</b>	
<b>DATE OF FORM COMPLETION</b>	