

INVENTORY CHECKLIST

Must be completed by each teacher during pre-planning.

Room # _____ Teacher Name: _____

Furniture

<u>Item</u>	<u>Number of</u>
Desks (Teacher & Student)	
Chairs	
Tables	
Extras? Please list:	

Technology

<u>Item</u>	<u>County Number/Serial Number</u>
Teacher Laptop	
Interactive Panel	
Doc Camera	
Wireless Access Point (WAP)	
Charging Tower	
Student Devices (assigned to your classroom only)	
1. _____	13. _____
2. _____	14. _____
3. _____	15. _____
4. _____	16. _____
5. _____	17. _____
6. _____	18. _____
7. _____	19. _____
8. _____	20. _____
9. _____	21. _____
10. _____	22. _____
11. _____	23. _____
12. _____	24. _____
Extras? Please List:	