

# e-LEARNING TECHNOLOGY CHECKLIST

Use this checklist when requesting e-Learning services, to ensure that your company's technology requirements are met.

NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please circle the Authoring tool your company would like to use.

HTML

AuthorWare

Flash

Director

ToolBook

XML

Other

2. Please circle the browser your company is currently using?

MS Internet Explorer

Netscape

Opera

Other

What Version?

**NOTE:** Older browser versions only allow for minimal interactivity.

3. Does your program require a Database/Tracking System/LMS? Yes No (If No, proceed to Question 4.)

a. What is your current database?

\_\_\_\_\_  
If none, what is your preference?

(i.e. ORACLE, SYBASE)

b. Do you have an LMS?

Which one? (version?)

c. Software Preference?

(i.e. ASP's, Coldfusion, Net.Objects, Net Fusion)

d. What kind of tracking system do you need? (Check all that apply)

\_\_\_ Test Tracking

\_\_\_ Student Tracking

\_\_\_ Book-Marking

\_\_\_ Other (describe)

4. Does your company have Macromedia Flash player on all computers? \_\_\_ Y \_\_\_ N

What version? \_\_\_\_\_

If No, does your company plan on loading a Flash player on your computers?    ☐ Y    ☐ N

If Yes, when? \_\_\_\_\_

5. What screen size resolution do you need?    (Check one)

☐ 640X480

☐ 800X600

☐ 1024X768

☐ Other

\_\_\_\_\_

6. Do your programs require Audio?    ☐ Y    ☐ N    (If No, proceed to Question 7.)

a. Will Audio be provided?    ☐ Y    ☐ N

If Yes, in what format? (i.e. WAV, REAL, WM, QT)

\_\_\_\_\_

If No, do you have a preference? (i.e. WAV, REAL)

\_\_\_\_\_

b. What is your preference for the audio voice?

☐ Male    ☐ Female    ☐ Combination

c. How much Audio is required?

☐ Every page

☐ Every other page

☐ As needed

☐ Other    (Please indicate) \_\_\_\_\_

d. Do you want background music?    ☐ Y    ☐ N

If Yes, will this be provided?    ☐ Y    ☐ N

In what format? \_\_\_\_\_

e. Do you want the narrator to read the text on the screen?    ☐ Y    ☐ N

7. Do your programs require Video? ☐ Y ☐ No (If No, proceed to Question 8.)

Will Video be provided? ☐ Y ☐ N

If Yes, in what format? (i.e. AVI, MPG Real, QT) \_\_\_\_\_

How extensive is your Video shoot? (Please describe, i.e. number of clips, length in seconds for each clip)

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If No, whom do you want to shoot your Video?

☐ Our recommended vendor

☐ Other (Please indicate) \_\_\_\_\_

Do you have a format preference? (.e. AVI's, Real, QT) \_\_\_\_\_

8. Please list any other requirements we need to know, in order to make this product work for you:

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**AFTER COMPLETING, FAX OR EMAIL TO US, AND WE WILL RESPOND WITH A QUOTE!**

**EMAIL:** [info@pinneast.com](mailto:info@pinneast.com)

**FAX:** (803)794-0493