

Classroom Video Request Form

Please complete this form and return to the Principal at least two weeks before you wish to show a video in your classroom. Videos must be approved by the Principal/designee before being shown in class. Videos used in class shall be written in the teacher's lesson plans and linked to core content.

Teacher: _____ Subject/Class _____

Student Grade Level _____ Application Date _____

Name of Video: _____

Video Source: (United Streaming, DVD, YouTube,) etc. _____

Length of video clip (in minutes and/or hours) of Video to be shown in class: _____

Date(s) video will be shown in class: _____

Movie Rating: Select One: G PG13 R (must be age appropriate)

Does movie contain nudity Yes No

Does movie contain curse words Yes No

Core Content: or Standard: _____

Describe how this video will be used in the class and linked to the Core Content.

School Administrator Reviewing: _____

Date: _____

Approved: Yes or No

Copy to be retained in Principal's office and Copy to Employee.