

**PRINCIPAL APPROVAL FORM - FILM/VIDEO**

School Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

Title of Film/Video \_\_\_\_\_

Rating \_\_\_\_\_

Length of film/video or clip to be shown \_\_\_\_\_

Film/video previewed in entirety? \_\_\_\_\_ Yes \_\_\_\_\_ No

Entire film/video to be shown? \_\_\_\_\_ Yes \_\_\_\_\_ No

Rationale: \_\_\_\_\_

Partial showing or clips to be used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Length of partial showing or clips \_\_\_\_\_ Minutes

**\*\* Parent permission forms obtained?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* Per Board policy, a parent permission form must be obtained from each student who will view the film/video.**

**PURPOSE:**

Curriculum: (Specify the content area and explain how the film/video supports the curriculum, including expected learning.)

**Instructional lesson plan must be attached to this form.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Principal's Signature