

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