This form is to be used for permission to play videos, films, documentaries, etc. as a part of classroom instruction. Please complete the form with necessary attachments and submit it to Mrs. McMorris for approval.

REQUESTOR

Teacher:		Date Submitted:
Subject:		Period (s):
Date(s) to Be Shown:		-
	VIDEO	INFORMATION
Video/Movie Title:		
Source:	Rating:	Length:
	F	RATIONALE
Please provide the relevant stand content. A copy of the correlatin		agraph below describing the relevancy of the film to the course o be attached.
Standard(s):		
Relevancy:		
		nd deem it age-appropriate, subject-related, and integrates upporting lesson plan is attached.
Teac	her Signature:	
Feedback from Mrs. McMorri		
		Signature:
*******	******	**************
Film Approved	Feedback fro	m Dr. Mabray:
Film Not Approved		
		Signature: