

Elkin High School



VIDEO APPROVAL FORM

Notice: Teachers should submit this form at least two full days prior to showing the video. Approval should be given in writing before the video / movie is shown. This should be submitted for any video/movie to be shown for a period of more than 10 minutes.

Teacher Name _____

Course _____

Class Period _____

Video / Movie to be shown _____

Rating _____ Date to be shown _____

Amount to be shown (Ex: 15 minutes, 30 minutes etc.) _____

State how does this relate the objectives for this class:

Please attach a copy of the assignment you will give to students to accompany the video / movie.

Completed by Administration:

_____ Approved

_____ I would like to talk with you prior to this being shown

Administrator Signature