

Instructional Materials Use Approval Form Beyond Text and Approved Supplementary/Media Materials

Name or Requester: _____
Type: Film ___ Video ___ Book ___ Periodical ___ Recording ___ Software ___ Internet Web Site ___
Title of Material: _____
Author/Producer: _____
Web Site Address: _____

Learning Objectives/Proficiencies to be met: (Be specific how this material ties directly to the school program/curriculum.)

- 1.
- 2.
- 3.

Pre/Post Activities

ALLOW THREE DAYS FOR CONSIDERATION.

IF FILM OR VIDEO, COMPLETE INFORMATION IN BOX.

ANY VIDEO USED IN THE BUILDING MUST BE USED IN COMPLIANCE WITH COPYRIGHT GUIDELINES.

The film or video is rated _____ / No rating (G,PG, PG-13, R, X)

Audience: _____ (Team, Single, Class, Small Group)

Check one: ___ Video/ Film brought in by teacher

___ Video to be taped at school. (Any programs taped at school will be school property and taping will follow copyright guidelines.)

Channel ___ Time ___ Length ___

I accept responsibility for the proper instructional use of the material(s) and affirm that copyright guidelines are being followed.

Originator Signature: _____ Date: _____

APPROVAL SIGNATURE: _____ Date: _____

(The approval form is to be returned to the Media Center.)