

## Instructional DVD/Video Request Form

Teachers must complete this form and return it to the principal for his/her signature of approval at least one week before students may view the DVD/video.

Teacher \_\_\_\_\_ Subject/Grade \_\_\_\_\_

Name of DVD/Video \_\_\_\_\_

Rating \_\_\_\_\_ Length \_\_\_\_\_

Class Time Allotted to Viewing DVD/Video \_\_\_\_\_

Viewing Date(s) \_\_\_\_\_

COS Objective(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructional Activities:**

**Before** \_\_\_\_\_

\_\_\_\_\_

**During** \_\_\_\_\_

\_\_\_\_\_

**After** \_\_\_\_\_

\_\_\_\_\_

Teacher's Signature \_\_\_\_\_

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

**Important Note:** Teachers must post this completed form with proper signatures outside the classroom when the DVD/video is viewed.