

Morrow County School District

Code: **IIABB-Form**
Adoption 1-9-12

Use of Feature Films/Video

Teacher_____

Grade_____

Film/Video Title_____

Connection to Curriculum/Standards_____

Match with Course Objectives_____

Proposed Date of Showing_____

When and how parents will be notified, or if necessary, grant consent_____

Audience rating (G, PG, PG-13)_____

If an edited film/video clip:

Film/Video rating_____

Description of selected clip_____

Length of clip_____

Date this request submitted to building principal_____

Approved

Not Approved

Approve with Conditions_____

Date_____

Administrator_____