

## Classroom Video Request Form

Please complete this form and return to the Media Specialist two days before you wish to show a video in your classroom. Videos used in class shall be written in the teacher's lesson plans and linked to core content.

Teacher: \_\_\_\_\_

Subject/Class \_\_\_\_\_

Student Grade Level \_\_\_\_\_

Name of Video: \_\_\_\_\_

Video Source: (United Streaming, DVD, YouTube, etc.) \_\_\_\_\_

Length of video clip (in minutes and/or hours) of Video: \_\_\_\_\_

Date(s) video will be shown in class: \_\_\_\_\_

Movie Rating - Select One: Not Rated G PG13 R (must be age appropriate)

Have you previewed the video? YES NO

Does movie contain profanity? YES NO

Core Content or Standard: \_\_\_\_\_

Describe how this video will be used in the class and linked to the Core Content.

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Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_