

Request for Permission to Use Audiovisual Media in the Classroom

SUBMIT THIS REQUEST TO YOUR CAMPUS PRINCIPAL FOR APPROVAL

CAMPUS _____

TEACHER (Print your name.) _____

Request submitted: (Check appropriate blank.) _____ Date _____

_____ By individual teacher

_____ On behalf of grade level, department, or course teachers

GRADE/SUBJECT/COURSE _____

*Please complete the following information for **EACH** audiovisual medium that will be shown by you, the grade level teachers, the department teachers and/or the teachers of a specific course. The request can be submitted by an individual teacher for an individual classroom request or by one teacher for the entire grade level, department, or course request.*

TITLE OF VIDEO/FILM/DVD/CLIP/AUDIO _____

Approximate Date AUDIOVISUAL MEDIUM Will Be Used _____

Length of the video/film/DVD/OTHER MEDIA _____

I/We plan to use _____ the full video/film/DVD _____ a clip or excerpt

Circle the kind of class(es) in which the video/film/DVD will be shown:

GT, Pre-AP GT, Pre-AP, AP, Regular, ESL, Resource, Other _____

What is the purpose for showing the video/film/DVD and with which specific TEKS (number and brief description) is it correlated?

What is the rating of the video/film/DVD? _____

Does the video/film contain inappropriate language, graphic sex, violence, or nudity? _____ Yes _____ No

If yes, please meet with the principal at your campus.

_____ Approved for Instructional Use

_____ Approved for Instructional Use provided Parent Instructional Audiovisual Media Notification/ Permission Letters are returned
by parents

_____ Not Approved for Instructional Use

Principal Signature

Date