

Coarsegold Union School District

Film/Video/DVD Use Approval

Film/Video/DVD: _____ Rating: _____

Source: _____ Cost: _____

Film Length _____ Grade Level/Class to be shown: _____

Shown on date(s): _____

This film meets the following course objective _____

This film ties into my lesson by _____

Area(s) in film/video/DVD of a possible controversial nature _____

I have previewed the film prior to its use and it meets the established standards of the District. This film will not be shown for recreation, entertainment, or fund raising.

Date

Teacher Signature

Date

Principal/Designee Signature

Approved:

Denied: