**Ephrata School District**
**Ephrata, WA 98823**
**(509) 754-2474**

# VIDEO APPROVAL FORM

Today's Date_____

Teacher Name _____

School _____ Grade and Subject _____

Video Title _____

Date of intended showing _____

As the requesting teacher, I have:
_____Viewed the edited version of this video.
_____Viewed this video in its entirety.
_____Not viewed this video in its entirety.

This video is rated: PG PG-13 R due to (check all that apply):

_____Language _____Violence
_____Nudity _____Strong Sexual Content
_____Other (Please specify)_____

Place of Production (United States or foreign) _____

I intend to show this video:
_____in its entirety.
_____clips

Briefly describe the application of the material to your instructional program and how you intend to use the material. Use the space below. Attach an additional sheet if necessary.

_____

_____

_____

Requesting Teacher's Signature _____

**Principal Action**
_____Material approved for this teacher's use. Date _____
_____Material NOT approved for this teacher's use.

_____
*Principal Signature*

**Instructional Advisory Committee Action**
_____Material approved for this teacher's use. Date _____
_____Material NOT approved for this teacher's use.

| Member Name | Member Signature |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Superintendent Action (Final)**
_____Material approved for this teacher's use. Date _____
_____Material NOT approved for this teacher's use.

_____
*Superintendent Signature* *Adopted 6/13/06* *PRO 2019 ESD*