

### Video Approval Form

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

Campus: \_\_\_\_\_

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

TEKS: \_\_\_\_\_

Date(s) to be shown: \_\_\_\_\_

Title(s) of Video	Subject	Grade	Class Period
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes  No Title on Lesson Plan

Yes  No One time showing

Yes  No Approved for substitute teacher

Yes  No Self-taped video

Department Head Signature: \_\_\_\_\_

Principal Signature: \_\_\_\_\_