Ephrata School District (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 thViewed this video in its entiretyNot viewed this video in its enti	'.
This video is rated: PG PG-13 R	due to (check all that apply):	
LanguageNuditySOther (Please specify)	Violence trong Sexual Content	
Place of Production (United States or fo	reign)	
I intend to show this video:	in its entirety. clips	
Briefly describe the application of the m Use the space below. Attach an additio		and how you intend to use the material.
	approved for this teacher's use. NOT approved for this teacher's use.	
Principal Signature		
Instructional Advisory Committee A Material approved for this teacheMaterial NOT approved for this te	r's use. Date	
Member Name	Member Signature	
	d for this teacher's use. proved for this teacher's use.	
Superintendent Signature	Date	

Adopted 6/13/06