San Elizario Middle School

Visual Media * Notification / Approval Form

Teacher: _____ Room: _____ Phone Ext. _____

Title: _____

Length of entire piece: _____ Subject Area: _____

Rating: ☐ G ☐ PG ☐ **PG – 13** No Rating (documentary)

☐ ***Parental notification / permission required***

I plan on showing: ____ entire piece _____ half _____ best clips (20 min max daily)

Media acquired from (check one)

☐ GEMS library or Media Center ☐ grade level or department collection

☐ Personal copy ☐ recorded from TV

☐ Rented ☐ streaming video

Grade level(s) that will watch the film: **7th 8th**

Dates (s) of showing: _____

I plan to show this media (or parts of) to illustrate visually the following TEKS objectives:

1. _____
2. _____
3. _____

I have previewed this visual media, and my use of it in the classroom will not infringe upon the copyright law.

_____

Teachers Name Date

Administrator: _____

Date