

The Maya Angelou Public Charter School - Middle School Campus

CLASSROOM USE OF VIDEOS AND MOVIES FORM Video/Movie Approval with Instructional Objectives

Instructor/Teacher _____ Date: _____

School _____

Movie Title _____

Rating _____ If unrated, check here

Does this video/movie require parental consent? Yes No

Brief Synopsis: _____

Course Name: _____ Student Grade Level: _____

DC State Standards: _____

Request from:

Signature of Instructor

Approved By:

Signature of Principal/Assistant Principal

Department Head (Required)

Approval Stamp