

School Approval for Movies During In-Class Instruction

Teacher Name:	Grade:	Class:
Planned Date and Time of Viewing:		
Movie Title:	Rating:	
Approximate Length of Movie/Movie Clip:		
Synopsis or Context of Movie/Movie Clip:		
Curriculum Expectations Addressed or Educational Purpose of Movie/Movie Clip:		

I have previewed the movie/movie clip and find it age appropriate and suitable for students.

Teacher Signature: _____ Date: _____

Principal Signature: _____ Date: _____