UNION GROVE MIDDLE SCHOOL
VIDEOTAPE AUTHORIZATION FORM
(For tapes not owned by the school)

Today's date: ___________________ Teacher/Team Name ___________________________ Grade ______

Title of videotape ___________________________ Curriculum area ________________

Personal copy or rented copy: (if rented which rental agency) ____________________________

(Please circle one)

Instructional objective _____________________________________________________________

Brief summary of videotape content and activities planned to be used in conjunction with the videotape: ____________________________

Motion picture rating for videotape: (please circle) G PG

If videotape is not rated G, please list reason for PG rating: _____________________________

Date videotape previewed by teacher ________________ Proposed date and time of viewing: ________________

____ Approved for viewing ____ Not approved Administrator's signature _______________________

_________________________________________________________________________________

VIDEO APPROVAL FORM (For tapes owned by the school)

Teacher______________________________

Date Submitted_____________________ Subject________________ Grade________

Video Title__________________________

Video Objective________________________

Preliminary and/or follow-up educational activities to be used in conjunction with the videotape

1. _________________________________

2. _________________________________

3. _________________________________

Administrator’s signature ________________________