

Film Approval Form

Teacher's Name: _____

Today's Date: _____

Viewing Date: _____

Class: _____ Period(s): _____

Name of Film: _____

Rating (if rated): _____

1. Core Curriculum Goals: _____

2. Please state your measurable objective in showing this film: _____

3. What activities will directly precede this movie? _____

4. How will you assess your objective? _____

5. What follow up activities are planned? _____

6. Does this film have any explicit sexual or violent scenes? _____

Does the content or theme of this movie deal with a controversial subject? _____

7. Was written notification sent to parents as to the nature and purpose of this film? Yes

No

If yes, please attach a copy of that letter.

Administrator's Signature

Date