

Round Rock Independent School District

10/2003

Visual Media* Notification/Approval Form

Teacher: _____ Room _____ Phone _____

Title: _____

Length of entire piece: _____ (min.) Subject area: _____

Rating: G PG PG-13 R No Rating (i.e. documentaries)

Parental notification/permission required

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

Media acquired from (check one):

- | | |
|--|---|
| <input type="checkbox"/> RRISD library or media Center | <input type="checkbox"/> grade level or department collection |
| <input type="checkbox"/> personal copy | <input type="checkbox"/> recorded off TV |
| <input type="checkbox"/> rented | <input type="checkbox"/> streaming video |

Grade level(s) that will watch the film: _____

Date(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.

Teacher's Name

Date

Principal/Department Chair/Librarian _____

Date

* Videotape, DVD, streaming video

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