

Hermiston School District 8R

Code: **IIABB-FORM**
Adopted: 4/07/09

Use of Feature Films/Videos

Teacher: _____

Grade: _____

Class Subject: _____

Film/Video Title: _____

Connection to Curriculum/Standards: _____

Match with course objectives: _____

Proposed date of showing: _____

When and how parents will be notified, or if necessary grant consent: _____

Audience rating (G, PG, PG-13): _____

If an edited film/video clip:

Film/video rating: _____

Description of selected clip: _____

Length of clip: _____

Date this request submitted to building principal: _____

Approved

Not Approved

Approved with Conditions: _____

Date

Administration