

Movie Approval Form

This form **MUST** be filled out and turned in to your principal at **LEAST** one day before you plan to show the movie.

Teacher Name _____

Today's Date _____ Date movie will be shown _____

Name of Movie _____

Rating of movie _____ (should be G only)

What is the purpose of this movie? _____

How does the movie relate to the GLE's and content you are teaching?

What activities have you planned to relate the movie to the GLE's you are teaching? (e.g. compare/contrast movie to collateral, etc.)

I have previewed this movie and I feel the content and language are appropriate for my class.

Teacher's Signature _____

*The principal will sign and keep this request on file for the remainder of the school year.

_____ Approved

_____ Not Approved Reason _____

Principal Signature _____ Date _____