

Video Usage Form - **East Laurens Middle School**
Request to Use a Video for Classroom Instruction

Teacher: _____ Course: _____

Grade Level: _____ Date of Proposed Use: _____

School Owned DVD or Electronic Platform: _____

Title: _____

Standards Covered: _____

How does the video relate to instructional Use? _____

Are there any questionable scenes or language? **Circle YES / NO**

If there are questionable scenes or language, describe.

Teacher signature: _____

Principal signature: _____

Date: _____