

# Video Approval Request Form

Instructions: Complete and submit to your appropriate administrator along with a copy of your lesson plans at least one week prior to date of showing the video.

Teacher's Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Date You Plan to Show Video: \_\_\_\_\_

Department: \_\_\_\_\_ Course: \_\_\_\_\_

Video Title: \_\_\_\_\_

Objective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Assessment: How will you evaluate the effectiveness of the video?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you seen or previewed this video? Yes  No

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Date Request Received by Administrator \_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date