

Dr. Gerald D. Cobb 6<sup>th</sup> Grade Campus  
Video/DVD Prior Approval Form

Teacher \_\_\_\_\_ Subject \_\_\_\_\_

Date Video/DVD to be shown: \_\_\_\_\_

Title of Video/DVD: \_\_\_\_\_

Length in minutes: \_\_\_\_\_ Rating: *G ONLY*

Check one of the following:

\_\_\_\_ School owns the video/DVD

\_\_\_\_ Personally owned video/DVD

\_\_\_\_ Rented video/DVD or checked out from Public Library

Objective/Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have previewed this video/DVD and verified that it meets the objectives stated above and is suitable for viewing by our students.

\_\_\_\_\_  
Teacher's Signature

This form must be completed, approved and kept on file for all videos and DVDs shown at Cobb 6<sup>th</sup> Grade Campus. This form must be turned in at least **3 days before** the video/DVD can be shown.

**\*\*\*\*\*To be filled out by administrator\*\*\*\*\***

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Administrator Signature \_\_\_\_\_