

Providence Video Request Form

Teacher: _____ *Room:* _____

Date submitted: _____

Use: *Instructional* *Other* _____

Grade level: _____

Unit of Study and Core Content addressed: _____

Title of video: _____

Rating: *G* *PG* *Other* _____

Source of Video: *Original* *Off-air (date taped _____)*

Date video will be used: _____

Time video will be used: _____

Length: _____ *minutes*

Is parental consent necessary? *No* *Yes*

Approval

Yes _____

No _____

Administrator _____ *Date* _____