

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

VIDEO SCREENING COMMITTEE RESPONSE

Video Rated , PG, or PG-13

School: _____ Date: _____

Video

Title: _____

PG PG-13
(circle appropriate)

Producer: _____ Length: _____ Production Date: _____

Teacher requesting approval of video: _____

for course/area of study _____

THIS COMMITTEE:

- Previewed the video.
- Met to review the teachers completed form, "Teacher Evaluation and Request to Use Video" FC-820-1636.
- Applied School Board Rule 3.2.7 criteria and Florida Statutes 233.165 and 847.012 mandates.
- DENIES** use for requesting teacher and course indicated above for the following reason:

- APPROVES** use only for course/grade as requested above, provided that:
 - a signed parent/ guardian permission form for each student is on file prior to use (Students without permission will be given related, alternate assignment.)
 - two "alert" labels be applied to top of video cartridge and to its case

COMMITTEE MEMBER SIGNATURES:

_____ Print Name	_____ Signature	_____ Print Name	_____ Signature
_____ Print Name	_____ Signature	_____ Print Name	_____ Signature
_____ Print Name	_____ Signature	_____ Print Name	_____ Signature
_____ Print Name	_____ Signature	_____ Print Name	_____ Signature
_____ Print Name	_____ Signature	_____ Print Name	_____ Signature

Retained by school for the life of the video.

FC-820-1635 (Rev. 08/96)