

Godby High School
Video/Guest Speaker Approval Form

Teacher: _____ Course: _____ Date Submitted: _____

Video Approval

Name of Video: _____ Rating: _____

Date to Be Shown: _____

Length (Include DVD Chapter(s)/Time(s): _____

Description of Video:

Purpose of Showing Video:

Assignment/Assessment Follow Up:

Teacher Signature: _____

Date: _____

Department Chair Signature: _____

Date: _____

Administrator Approval: _____

Date: _____