

**LINCOLN PUBLIC SCHOOLS**  
**Full Period Movie/Video Teacher Request Form\***

\*Form must be submitted one week prior to viewing date.  
No video can be shown to students without this signed pre-approval.

**Teacher Name:** \_\_\_\_\_

**Subject(s) & Grade(s):** \_\_\_\_\_

**Date to be Shown:** \_\_\_\_\_ **Periods to be Shown:** \_\_\_\_\_

**Title of Video/Rating of Film:**

\_\_\_\_\_

**Connection to RI State Standards:**

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

**Pre-Video Activity:**

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

**Post-Video Activity:**

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

Approved by Depart. Chair/Team Leader: \_\_\_\_\_ Date \_\_\_\_\_

Approval of Principal: \_\_\_\_\_ Date \_\_\_\_\_

*Teacher, Department Chair/Team Leader and Principal  
must keep a fully-signed copy for their files.*