

**DENTON INDEPENDENT SCHOOL DISTRICT
Request to Show Videos (VHS/DVD)**

Title of Video _____ Date of Viewing _____

Source of Video: _____ Rating of Video _____ Viewing Length _____

The purpose/instructional intent of the activity is:

_____.

The video is relevant to the unit I am teaching on _____.

Teacher

Date

Approved for viewing:.....

Principal

Date

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