

# REQUEST FOR USE OF AUDIO-VISUAL MATERIALS

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Class Title: \_\_\_\_\_ Period: \_\_\_\_\_

Unit Objective: \_\_\_\_\_  
\_\_\_\_\_

Title and Type of Material: \_\_\_\_\_

Rating: \_\_\_\_\_

Date of Use: \_\_\_\_\_

Brief Synopsis of Material: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What learning outcomes will be achieved thru viewing this material?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

\_\_\_\_ Approved

\_\_\_\_ Denied

\_\_\_\_ Need more information

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date