



In accordance with DPS Board Policy 3205, prior to the presentation of an entire feature length video (defined by the Academy of Motion Picture Arts and Sciences, the American Film Institute and the British Institute as 40 minutes or longer), regardless of physical format or source, teachers must complete and submit the *Prior Approval for Videos and Digital Media form* to the principal for approval. The principal may grant blanket approval to any video/digital resource that has been selected and approved for purchase by authorized school or district personnel, or provided through the district software portfolio. Please refer also to [Board Policy 3205: Use of Videos and Digital Media](#).

Teacher: _____ Date of Request: _____

Date(s) to be shown: _____ Subject: _____

Source of item: _____ Streaming site
_____ Privately owned by the Teacher/Presenter
_____ Internet Provider (specify _____)
_____ Other _____

Title of the item: _____

Rating: _____

Parental permission needed (Any selection rated above “G” in elementary school, and any selection above “PG” in middle school, and any selection above “PG 13” in high school)? ___ No ___ Yes (Attach a copy of correspondence sent to parents.)

Note: Any selection rated “NC-17” is prohibited.

Learning Objective: (including the specific correlation and reference to the Standard Course of Study Standards): _____

I have previewed this visual media selection in its entirety and find it appropriate to my classroom instructional goals and appropriate for students who will view it. This item is included in a lesson plan and will be shown as a part of face-to-face instruction or as a component of a remote learning curriculum.

Teacher’s Signature School/Grade(s)
_____ Prior approval granted _____ Prior approval denied

Principal or Designee’s Signature Date



Video/Digital Media Use in the Classroom Parental Informed Consent

Date: _____

Dear Parent or Guardian:

It is my intention to show the video/digital media resource as described below to your student's class, and I am seeking your written permission for your student to view the video. In compliance with the Durham Public Schools' **Policy 3205 – Use of Videos and Digital Media**, please complete and sign the form below, authorizing or exempting your student from the presentation. Students whose parent or guardian has requested exemption for their student will be given an alternate educational activity to complete during the time of the showing. Please contact me if you have any questions.

Teacher/Class: _____ Contact information: _____

Title of the Video/Digital Resource: _____

Summary of the resource: _____

Instructional goal: _____

Date(s) of use: _____ MPAA rating: _____

-----*(Tear here. Return the bottom portion to the classroom teacher.)*-----

Name of Student: _____ Date: _____

_____ My student has permission to view this video/digital resource.

_____ My student does not have permission to view this video/digital resource. I understand that my student will receive an alternate educational activity during the time of the showing.

Name of Parent/Guardian: _____ Signature: _____



Escuelas públicas de Durham
Uso de vídeo/medio digital en el salón de clases
Consentimiento informado y acuerdo con los padres

Fecha _____

Estimados padres o tutor legal:

Es mi intención mostrar el siguiente vídeo/medio digital en la clase de su hijo/a como se describe y estamos solicitando su permiso por escrito para que su hijo/a pueda ver el video. Conforme a la **política 3205** de las escuelas públicas de Durham – **Uso de videos y medios digitales**, por favor complete y firme el formulario a continuación, autorizando a o eximiendo a su hijo/a de mirar el video/medio digital. A los estudiantes cuyos padres no les autoriza ver el video/medio digital se les dará para completar una actividad educativa alternativa. Por favor comuníquese conmigo si tiene alguna pregunta.

Maestro/a/Clase: _____ Información de contacto: _____

Título del video / medio digital: _____

Resumen del recurso a utilizarse: _____

Fecha(s) de uso: _____ Clasificación MPAA: _____

Objetivo de enseñanza: _____

----- (Corte aquí y una vez firmado envíeselo al maestro/a .) -----

Nombre del estudiante: _____ Fecha: _____

_____ Mi hijo/a tiene permiso para ver este vídeo/medio digital.

_____ Mi hijo/a no tiene permiso para ver este vídeo/medio digital y recibirá una actividad educativa alternativa.

Nombre del padre/madre/tutor legal: _____ Firma: _____

[Consulte la política 3205](#)

La forma actualizado 5/2021