# Media Viewing Request Form

Teacher Name: _____

Subject Area: _____

Date Submitted: _____ Location: _____
(This request must be submitted at least 2 days in advance to meet your A/V needs.)

Planned Date & Period(s) of Viewing: _____/_____

**Identify the following:** Purpose of Video, Connection to the Standard(s) and/or Unit(s) currently being studied, Pre- and Post-Activities for the video, and how the use of the video will enhance your daily instructional strategies.

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**Equipment Needed:**_____
(This request must be submitted at least 2 days in advance to meet your A/V needs.)

*Additional Requests:*_____

_____

**Approvals:** _____; _____