

Fairfax County Public Schools
Local School Approval of Standalone Electronic Media

School: _____ Date: _____

Curriculum Area: _____ Grade Level: _____

Title:

Film Rating: No Rating ___G ___PG ___PG-13 Other _____

TV Rating: No Rating TV-Y TV-G TV-PG TV-14 Other _____

Explain the relevance to the Program of Studies. Identify specific objectives.

Requestor:

Reviewed by:

(Committee members)

Approved: _____ Not Approved: _____

Comment: _____

(Attach relevant documents)

(Signature of principal or his or her designee) Date: _____

This completed form shall be kept on file in the principal's office or a designated location.