

# Teacher & Media Specialist Collaborative Planning

Teacher's Name \_\_\_\_\_ Class \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

General Topic:

\_\_\_\_\_

Teaching Objective:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial Request:

- Instructional activity in the LMC/Classroom/ Lab
- Print bibliography
- Pull material for checkout / reserve
- Items submitted for consideration file
- Borrow / order materials
- Create materials
- Other

Development of Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach any supporting materials to be used such as rubrics, check lists, and project requirements.)



# Bibb County Schools Request For Use of Non-School Owned Materials

## Rating Chart

	G	PG	PG-13	R	NC-17	X	Non-rated *
<b>Elementary School</b>			Parental Permission	Never Shown	Never Shown	Never Shown	Must Be Reviewed
<b>Middle School</b>			Parental Permission	Never Shown	Never Shown	Never Shown	Must Be Reviewed
<b>High School</b>				Parental Permission	Never Shown	Never Shown	Must Be Reviewed

\* Exemption: products of Georgia Public Broadcasting and instructional videos

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Movie: \_\_\_\_\_

Expected Viewing Date: \_\_\_\_\_ Video Rating: \_\_\_\_\_

This movie is rated because of:      sex      language      violence      subject matter

Approximate Number of Minutes of Movie/Clip to be Shown: \_\_\_\_\_

Video source:       Teacher       Student       Other: \_\_\_\_\_

What are the **course objectives** or **content standards** to be met using this movie?

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Alternative Assignment: \_\_\_\_\_

I certify that I am in compliance with Federal Copyright Law. I further certify that I have previewed the video and for videos requiring parental permission (see chart above), I am providing a minimum of one week's notice to parents before showing a video that is not owned by the school. An alternative assignment will be provided for students without permission to view it.

Teacher signature: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Administrative signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Trouble Shooting Request

Ticket #	_____
Date Issued	_____
MS Initials	_____

Date \_\_\_\_\_ Name \_\_\_\_\_ RM# \_\_\_\_\_

**Problem Type (circle the most appropriate):** Account Problem - Hardware - Software - Internet - Phone (include #) - Other \_\_\_\_\_

**Required Equipment ID Information:**

Equipment \_\_\_\_\_ Brand \_\_\_\_\_

Model \_\_\_\_\_ Serial # \_\_\_\_\_

**I experienced the following problem:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**The following error message was displayed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

**The following error message was displayed:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_