

Amity School District 4J

Code: **EGAAA-AR(2)**
Adopted:

Request for Off-Air Video Taping

I, the undersigned, having requested the _____ to videotape the following program(s) within the parameters of the policy set forth by the Board, _____, am aware of said policy, have reviewed district policy and administrative regulations and agree to accept responsibility for the use and erasure of this material to prevent any infringement of copyright law in lieu of expressed written approval of the copyright proprietor.

Title of Program to be Copied _____
 Date of Program _____ Date Program is Needed _____ Time of Program _____
 Station or Channel _____ Length of Program _____
 Special Instructions: _____

Requestor's Name _____ Location _____
 _____ (please print)
 Signature _____ Department _____

PREVIEW AND EVALUATION

_____ Yes _____ No Do you want the videotape of this program retained until information regarding the sale, lease, free loan or rental of this material is obtained.

INSTRUCTIONAL QUALITY (circle the appropriate number on the rating scale below)

Criteria	Suggested Guidelines for Rating Scale						
Instructional Design	Well organized, content load appropriate, maturity level consistent with the content.	5	4	3	2	1	0
Content	Accurate, authentic, current, thorough, relevant.	5	4	3	2	1	0
Curriculum Match	Supports what is commonly taught in this subject at this grade level.	5	4	3	2	1	0
Interest	Supports or enhances communication of content.	5	4	3	2	1	0
5 = Exemplary 4 = Desirable (very good) 3 = Desirable (good) 2 = Fair 1 = Poor 0 = Unacceptable							
OVERALL (AVERAGE) RATING OF QUALITY							

_____ Yes (High Priority) _____ Yes (Low Priority) _____ No Do you recommend acquisition of this program?

SENSITIVE CONTENT

_____ Yes _____ No Is nudity, excessive violence, glamorization of drugs/dangerous substances, profanity and/or a sexual nature present in this program? If yes, please verify by circling the topics present.

ADDITIONAL INFORMATION

Subject Area(s) _____ Grade Level _____ Ability Level _____
 _____ Yes _____ No Previewed?
 _____ Yes _____ No _____ Uncertain Do presently owned materials adequately cover the subject area?

OVERALL EVALUATION (SUMMARY, USE, ETC.) AND/OR REASONS FOR REQUESTING RETENTION OF THIS TAPE?

VIDEO TAPE STATUS - OFFICE USE ONLY

DATE: _____

_____ AVAILABLE: Format: _____ 16mm _____ 3/4" _____ 1/2" _____ VHS _____ Other (Specify) _____
 _____ May be retained indefinitely