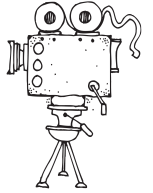


Classroom Video Policy at MacArthur Fundamental



Please return this form to your evaluative administrator.

Teacher: _____ Subject: _____

Name of Video: _____

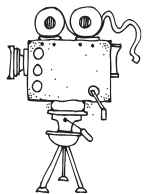
Date(s) to be shown: _____ Length of Video: _____

Standard Addressed: _____ Topic: _____

Learning Objective: _____

Follow-up Activity: _____

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Teacher: _____ Subject: _____

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