Jefferson Elementary School District Supplementary Audio/Visual Materials Parent Permission Form

Dear Parent or Guardian:

Jefferson Elementary School District Policy encourages teachers to select and use enrichment materials to supplement district approved curricula. The following materials have been selected by your child's teacher and have been approved for use by the principal of the school. Because portions of the material contain content of a sensitive nature, you are being notified of its use and you have the option of withholding permission for your child to use the material. District policy provides that an assignment of equal value will be provided for students who do not participate in this part of the lesson. I am planning to use the following supplementary materials in my class between (dates) ______ and . The name of the film, or audio book, etc. is ______. It is rated* _____ and will take approximately ____ minutes to review. These materials will be used to supplement instruction and fall within the scope and sequence of planned activities for the class. The subject matter and pertinence of the materials to curriculum are Your student will be using these materials only if you sign and return this permission slip. Please respond by returning this form to me on or before ______. Students excused from the viewing of this material will be given an alternative assignment, relevant to the curriculum and no more time consuming that the viewing of the audio/visual material. Sincerely, Teacher Signature Subject/Class Period Administrator Approval (initials) _____ School *Policy 6161.11 states "Parents will receive notification only when a video does not parallel the age appropriate district guidelines (G-all, $PG-ages\ 10$ and up, $PG13-ages\ 13$ and up, $R-ages\ 17$ and up)." **Supplemental Audio/Visual Materials Parent Response** Please return the attached form only if you wish your student to be excused from participating in this part of the lesson. An alternative ___ I want my student to have access to these materials as a part of the instructional program. I do not want my student to have access to these materials as a part of the instructional program. Student Name Parent Signature Subject/Class

Exhibit JEFFERSON ELEMENTARY SCHOOL DISTRICT

Date_____