



Video/DVD Request Form

Name _____ Date of Request _____

Video/DVD Requested: _____

Training Activities: What do you plan to accomplish by reviewing this video?
(Include skills, techniques, and /or knowledge to be acquired or updated.)

Number of hours to be devoted to this project: _____

REQUIRES PRIOR APPROVAL

_____ Recommended _____ Not Recommended

Director, Curriculum/Staff Development

Date Checked Out: _____ Date Returned: _____

Director, Library & Media Services; or authorized Library staff



VERIFICATION FORM STAFF DEVELOPMENT ACTIVITY

THIS FORM IS TO BE COMPLETED FOR EVERY STAFF DEVELOPMENT ACTIVITY

TO BE COMPLETED BY PARTICIPANT

PLEASE CHECK :

OTHER

PARTICIPANT: _____

DVD/VIDEO TITLE _____

PLEASE GIVE A BRIEF DESCRIPTION OF THE DVD/VIDEO & A RECOMMENDATION AS TO WHETHER OR NOT THIS RESOURCE SHOULD BE USED FOR GENERAL FACULTY DEVELOPMENT TRAINING.

HOURS DEVOTED TO ACTIVITY:

DATE(S):

PARTICIPANT SIGNATURE

IF FOLLOWING PORTION IS NOT FILLED OUT, OTHER DOCUMENTATION MUST BE ATTACHED

TO BE COMPLETED BY STAFF DEVELOPMENT ACTIVITY PROVIDER

VALIDATED BY

DATE