Wheaton-Warrenville Community Unit School District 200

R-Rated Film Review Form

FILM TITLE		MPAA RATING
TEACHER	**SCHOOL**	**DATE**
DEPARTMENT	**COURSE**	**GRADE LEVEL(S)**

Reason for this rating: ☐ **Violence** ☐ **Drug Use** ☐ **Language** ☐ **Nudity (Sexual Content)**

CRITERIA

1. **Does this film have educational merit?** ☐ **Yes** ☐ **No**
Comments:

2. **Does this film have artistic merit/historical accuracy/insight?** ☐ **Yes** ☐ **No**
Comments:

3. **Does this film align with the mission of District 200?** ☐ **Yes** ☐ **No**
Comments:

4. **Does this film address course standards?** ☐ **Yes** ☐ **No**
Comments:

5. **Does this film balance educational value/power with the possibility of being offensive?** ☐ **Yes** ☐ **No**
Comments:

Signature of Reviewer: _____

Review: ☐ **Approved** ☐ **Denied**