



Instructional Television

850 Hungerford Drive, Room 27
Rockville, Maryland 20850

REQUEST FOR CABLECASTING
SCHOOL-PRODUCED PROGRAMS

INSTRUCTIONS: The teacher will complete Part A and submit this form to: Program Director, Instructional Television, CESC, Room 27. Parts B and C will be completed by ITV and returned to the teacher with the scheduling information noted. Please submit one form for each program request.

PART A: TO BE COMPLETED BY THE TEACHER

Program Title: _____ Length: ____ : ____

Date Submitted: ____ / ____ / ____ Intended Audience: _____

MCPS Educational Goals/Information Needs this Program Supports: _____

Name: _____ School/Organization: _____

Phone: _____ E-mail: _____

Prior to its submission, this program has been checked for the following*:

For Live Programs:

- Content
Copyright Clearance

For Taped Programs:

- Content Copyright Clearance Technical Quality
Labels on Tape & Box (Program Title, Length, Record Date, and School)

Description of the Program: (Should include the topic, format, and guests. Use additional paper if needed.)

By signing this form, the client is indicating that he/she is responsible for the content of the program and for cablecasting the program as described above.

Signature, Teacher

I have reviewed the program & request and support it being cablecast.

Signature, Principal/Director/Supervisor

*Refer to the Rules and Regulations for Content and Technical Standards for Programs Submitted for Cablecasting on ITV.

PART B: TO BE COMPLETED BY INSTRUCTIONAL TV

The program will be cablecast on channel ____ on the following dates and times unless there is a required change. The teacher must be present at point of origination of the program throughout the cablecast of a live program.

Date(s): 1. ____ / ____ / ____
2. ____ / ____ / ____
3. ____ / ____ / ____

Time(s): 1. ____ : ____ a.m. p.m.
2. ____ : ____ a.m. p.m.
3. ____ : ____ a.m. p.m.

PART C: TO BE COMPLETED BY INSTRUCTIONAL TV

This request cannot air because: _____

Signature, Program Director, Instructional TV: _____ Date: _____