

Procedure 644

Date _____
School _____

APPENDIX A GUEST SPEAKER REQUEST FORM

*For one to five class sessions.

Please complete this form and submit to the principal allowing a maximum of five (5) days for screening the request.

Teacher _____ Grade Level _____
Curriculum Area _____ Topic Requested _____
Speaker's Name _____ Phone No. _____
Organization Represented _____
Fee, if any \$ _____ Source of Funding _____
Class(es) speaker will address _____

How many days will the speaker be in the building? _____

If the program will last more than five (5) class sessions, contact the Instructional Support Services Office at 391-7080 for appropriate form.

How many presentations will the speaker make each day? _____
Number of students at each presentation _____
Preferred date(s) _____
Preferred time(s) _____
Objectives speaker will help teacher meet:
(1) _____
(2) _____
(3) _____

If the speaker is to comment on one side of a controversial topic, (e.g. Pro-life vs. Right to Choice); how will the other side of the issue be addressed? _____

Speaker arrangements will be made by:
_ Community Education Resource Program, 391-7117 _ Teacher making request

_ Approved _ Disapproved

Reason for disapproval _____

If this is disapproved, please refer to Policy and Procedure 644 for appeal options.

Date _____ Signature of Principal _____

Distribution: White: Principal
Yellow: Community Education Resource Program, ESC
Pink: Teacher/Originator
Goldenrod: Department/Grade Level Chair