

**GUEST SPEAKER FORM**

Please submit this form at least one week prior to the presentation

Teacher's Name: \_\_\_\_\_

Name of Speaker: \_\_\_\_\_

Speaker is Representing: \_\_\_\_\_

Date of Presentation: \_\_\_\_\_

Class in which Speaker is Presenting: \_\_\_\_\_

Topic/Purpose of Presentation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit to the Assistant Principal for review of presenter/presentation plan at least one week prior to the presentation date. Thank you.

Speaker Approved \_\_\_\_\_

Other \_\_\_\_\_