

Visiting Speaker Form

The following form must be returned to Activities Director for approval at least **2 weeks** prior to the day in which the speaker will visit.

We need a record of all speakers who have appeared on campus, when and where. If two teachers are having a speaker together, one form may be turned in with the appropriate information to cover both teachers.

Teacher _____

Teacher's Evaluator _____

Date(s) of Speaker _____

Name of Speaker _____

Speaker's Position _____

Class(es) to be Visited _____

Periods to be Visited _____

Room number in which speak will appear _____

Statement of purpose and how context of speech is aligned with current standard(s)

Please attach lesson plans.

Approvals

Date: _____

Activities Director: _____

Administrator: _____

Visiting Speaker Evaluation

Please fill out after the speaker has appeared and returned to the Activities Director.

Name of Speaker _____ **Date** _____

Your reaction in light of your original purpose:

Students' Reaction:

Would you want this speaker again? _____

Teacher's Signature _____