

Jordan School District

Guest Speaker Form

Form must be submitted for approval two weeks prior to presentation

Teacher(s) Making Request: _____

Class(es): _____

Date of Appearance: _____

Class Periods: _____

Location of Presentation: _____

Name of Speaker: _____

Topic: _____

Speaker's Qualifications and Group Affiliation:

By signing below, both the teacher and guest speaker acknowledge that they have reviewed and will adhere to [JSD Policy D200 – Philosophy of Instruction](#).

On the day of the presentation, the guest speaker will check in at the main office to receive a Visitor Pass and Visitor Parking Pass if applicable.

Teacher: _____

Date: _____

Guest Speaker: _____

Date: _____

Principal/Designee

Approved By: _____

Date: _____