

Guest Speaker / Movie Documentation

Circle one: Guest Speaker Movie

Teacher:

Class:

Dates:

Rating for movie:

Name of guest speaker or movie:

Brief explanation for the reason or purpose for the guest speaker or movie:

Curriculum objectives to be covered by the guest speaker or movie:

1)

2)

3)

Teacher signature: _____

Principal signature: _____

Approved _____
Disapproved _____

Please submit one week before speaker or movie.