

Resource Speaker Request/Evaluation Form

Name of Speaker: _____

Topic: _____

Agency this Speaker Represents: _____

Proposed Date(s): _____ Principal's Approval: _____ Date: _____

Teacher(s) requesting this session: _____

Major concept/focus of presentation: _____

Strong Points: _____

Weaknesses/concerns: _____

For whom do you recommend this activity? _____

Signature(s): _____