

**SAN BENITO HIGH SCHOOL  
GUEST SPEAKER REQUEST**

**Forms must be completed accurately with all required signatures. Forms must be submitted to the curriculum office 5 working days prior to event.**

**Teacher making request:** \_\_\_\_\_ **Date of request:** \_\_\_\_\_

**Name of speaker:** \_\_\_\_\_

**Speaker's professional affiliation:** \_\_\_\_\_

**Course:** \_\_\_\_\_

**Subject/Topic of speaker's presentation:** \_\_\_\_\_

**How speakers topic supports course standards:** \_\_\_\_\_

**Speaker's qualifications for addressing students:** \_\_\_\_\_

\_\_\_\_\_

**Speaker suggested/referred by:** \_\_\_\_\_

**Outline preparatory and follow-up activities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Date and Time:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_

**Class Periods:** \_\_\_\_\_ **Other classes involved:** \_\_\_\_\_

\_\_\_\_\_

**APPROVALS**

\_\_\_\_\_  
**Division Chairperson**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Educational Services**

\_\_\_\_\_  
**Date**