***KERNODLE MIDDLE SCHOOL***

**GUEST SPEAKER FORM**…must be approved by Admin **at least 1 week** in advanced.

**\*\*\***A KMS faculty member must **ALWAYS** be in the room the **entire** time with any quest speaker.

Teacher(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Guest Speaker(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the guest speaker GCS volunteer approved? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_**

**Placed on the school’s master calendar? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_**

**Location of the speaker: example commons, your room, multi etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date and time of guest speaker to be in attendance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the guest speaker relate to your curriculum? Which standard(s)?

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What type of follow-up activity will students do as a result of the information gained from the guest speaker? **Attach a copy**.

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Administration Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved Not Approved