

**Classroom Speaker/Observer Information**

This form must be presented for approval before the speaker/observer is scheduled to be at DeLaSalle.

Teacher's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Periods \_\_\_\_\_

Speaker/Observer Name(s): \_\_\_\_\_

\_\_\_\_\_

Organization represented (if any): \_\_\_\_\_

Topic (s) to be presented: \_\_\_\_\_

\_\_\_\_\_

How will this speaker benefit the students in your class or organization:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments/instructions:

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