

**Okaloosa County School District
Curriculum & Instruction
Guest Speaker Approval School Request Form**

Please type or print legibly.

Teacher requesting media approval: _____ Date: _____

Name of Speaker and Phone # _____

Organization: _____ Webpage: _____

Class/course in which selection will be used: _____

Grade Level(s): _____ Previous OCSD guest speaker? Yes No

Rationale: (Please indicate the standards and objectives of the Florida course code or course description the speaker will address, the context or situation in which the speaker will be used, i.e., "enrichment for my World War II unit", community affairs liaison, or expert in a particular field of knowledge or career.)

1. Overarching Standard/Course Objective: _____
2. Additional Standard/Course Objective: _____
3. Additional Standard/Course Objective _____

Please write a short synopsis of speech:

Please indicate the speaker's strengths, weaknesses, or appropriateness. Use the following criteria as needed:

- The subject matter, interest, and maturity level of the speech are appropriate for students being taught.
- The speech is appropriate for age, emotional development, ability, and social development for students being taught.
- The speech meets an appropriate instructional purpose.
- The speech will help students better understand themselves and others.
- The speech has identifiable curricular merit.

Does the speech under consideration contain any use of profanity?

YES NO If yes, context:

Does the speech contain any treatment of sex that might be considered objectionable?

YES NO If yes, context:

Does the speech contain any treatment of violence that might be considered objectionable?

YES NO If yes, context:

Are there are any other themes or topics that might be considered objectionable or controversial to the community at large?

YES NO If yes, context:

For each course in which the speech will be delivered, submit a copy of the *C-Palms* Course Description containing standards.

Principal's Decision: A Approved D Denied S Submitted to School Media Review Committee

Principal Signature _____ **Date** _____

School Media Review Committee: A Approved D Denied

Teacher Signature _____ **Date** _____

Dept. Chair Signature _____ **Date** _____

SAC Member Signature _____ **Date** _____

Principal Signature _____ **Date** _____

Keep completed forms on file for the remainder of the school year.