



1. Speaker/Group Information

Name of Speaker/Group: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Website (if applicable): _____

2. Presentation Details

Title of Presentation:

Description of Presentation:

Target Audience (Grade/Group):

Duration:

Preferred Date(s):

3. Educational Relevance

Curriculum Connection: (How does the presentation align with the Ontario Curriculum?)

Learning Objectives: (What are the expected learning outcomes?)

Supplementary Materials: (Are there any handouts, booklets, or follow-up activities provided? If so, please attach)



4. Content Review

Summary of Key Points:

Potential Controversial Topics: (Identify any content that could be sensitive or controversial)

Evidence of Content Quality: (Provide references, credentials, or previous feedback)

5. Background Check

Criminal Background Check Completed: Yes ☐ No ☐
(only required if Speaker
alone with students)

Previous School Engagements: (List any other schools or institutions where the speaker/group has presented)

6. Logistics and Requirements

Technical Requirements: (AV equipment, internet access, etc.) ☐

Space Requirements: (Gym, classroom, auditorium, etc.) ☐

Cost/Fee:



7. Requestor

Name of staff member making request:

8. Approval Process

Reviewed by (Name/Position):

Date of Review:

Approval Status: Approved ☐ Not Approved ☐ Needs Further Review ☐