LEVITTOWN PUBLIC SCHOOLS
SUCCESS FOR EVERY STUDENT

CONSULTANT APPROVAL FORM

Consultant Approval form must be received in Department of Curriculum and Instruction 6 weeks prior to presentation date.

Name of Consultant: _____

Consultant Signature: _____

Topic Title: _____
(include brief
description of program) _____

_____

Presentation Date(s) _____
& Location :

Fee: _____
(If more than one session, indicate fee per session and total)

Address: _____

Social Security #: _____

Funded by: _____

Code: _____
(If payable through a grant, indicate grant name and federal code #)

Previous Consultant in District: YES ☐ NO ☐ Consultant has been vetted on Social Media/Internet: YES ☐

_____
Principal/Director *signature* School/Building

Submitted by: _____ Date: _____

For Department of Curriculum and Instruction use only

Deputy Superintendent Approval: _____
Dr. Beth Zirogiannis

Date form received: _____

Certificate of Liability Insurance: required ___yes ___no COI received: ___yes ___no

revised 10/25