

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

Principal/Director *signature*

School/Building

Submitted by: _____

Date: _____

For Department of Curriculum and Instruction use only

Assistant Superintendent for Curriculum and Instruction Approval: _____
Dr. Beth Ziogiannis

Date form received: _____

Certificate of Liability Insurance: required ___yes ___no
received ___yes ___no