

**LEVITTOWN PUBLIC SCHOOLS  
SUCCESS FOR EVERY STUDENT  
CONSULTANT APPROVAL FORM**

Name of Consultant \_\_\_\_\_

Consultant Signature \_\_\_\_\_

Topic Title \_\_\_\_\_

(include brief description of program) \_\_\_\_\_  
\_\_\_\_\_

Presentation Date(s) \_\_\_\_\_

Fee \_\_\_\_\_  
(If more than one session, indicate fee per session and total)

Address: \_\_\_\_\_  
\_\_\_\_\_

Funded By \_\_\_\_\_

Social Security # \_\_\_\_\_

Code \_\_\_\_\_  
(If payable through a grant, indicate name and entire code #)

Previous Consultant in District      YES       NO

Other \_\_\_\_\_

\_\_\_\_\_  
Principal/Director

\_\_\_\_\_  
Form Submitted By:

Assistant Superintendent for Instruction Approval \_\_\_\_\_

Todd Winch

Date form Submitted: \_\_\_\_\_

Revised: 7/1/16