

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: 9/2016