

LEVITTOWN PUBLIC SCHOOLS
SUCCESS FOR EVERY STUDENT
CONSULTANT APPROVAL FORM

**Consultant Approval form must be received in Dept. of Instruction
six 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

School/Building

Submitted by: _____

Date: _____

Assistant Superintendent for Instruction Approval: _____
Todd Winch

Date form received: _____